II

Oxfordshire County Council

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

Principal School Medical Officer

FOR THE YEAR

1972

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INDEX

Oxfordshire County Council Printing Section
Macclesfield House, New Road, Oxford

CARTERTON HEALTH CENTRE

(2 medical practitioner suites)

THAME HEALTH CENTRE

Opening by the Rt. Hon. Sir Keith Joseph, Bt., M.P.,
Secretary of State for Social Services

(5 medical practitioner suites)

(Oxford Mail)

HEALTH DEPARTMENT
103 BANBURY ROAD
OXFORD

To the Chairmen and Members of the Health Committee and Education Committee

MY LORD, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1972.

The vital statistics show that the population increased by 6,420 persons. The birth rate fell, for the second consecutive year, to its lowest level since 1955. The County rates for infant mortality, stillbirths, and deaths compare favourably with the national figures; the proportion of illegitimate births fell slightly in 1972 as compared with 1971, whereas the national figure for 1972 recorded an increase.

Although the death rates for the County do not show remarkable changes from year to year, the changes over a twenty year period are worth noting. Deaths from coronary disease for example have more than doubled over this period of time in Oxfordshire. In 1954 there were 240 deaths attributed to coronary deaths; in 1972 the figure had risen to 589. Three-fifths of the deaths occur in men, and the picture over the years clearly illustrates the slow epidemic nature of the condition, much of it attributed to cigarette smoking. Diabetes is another disease where the number of deaths has increased – from 9 in 1954 to 30 in 1972. In this case however the increase may be associated with longevity resulting from high standards of patient treatment which have developed with clinic and supportive care. Again on a more cheerful note, in spite of the population increase, deaths from high blood pressure have fallen from 42 in 1954 to 21 in 1972, possibly as a result of the drug treatment which is now available for the condition.

Since this report may be read by members of both the present council and the new Oxfordshire, it will probably be helpful if a brief review is given of the existing local authority services, so that these can be seen in the context of future development. In the past, one of our main tasks has been to link the local authority health services with the other two branches of the tripartite structure – the general practitioner and hospital services. In the future the emphasis must be to ensure that the links between the local authorities and the separate area health authorities are closely maintained, for it is the local authorities that control the environmental factors which play so large a part in determining human health and sickness. Provided strong links between the two authorities can be ensured, it should be possible to integrate those services; such as the child health and education services, for which total responsibility is shared. One of the main objectives during the present period of change is to ensure that the confidence of the public in the health services is maintained.

Health Education

Although comparisons are invidious, many people would consider that education for health, and family planning, are the most important of all the health services. The former provides the foundation for all the other services, and on it depend the attitudes of the public and their acceptance of measures which will benefit not only them in their lifetime, but also the health and welfare of future generations. In 1974 the responsibility for health education will rest with the county education department, the area health authority, and the district authorities. It will remain therefore a tripartite health service; and it will be one of the challenges of the future to ensure that the work in this field is promoted and co-ordinated as a single concept of preventive medicine.

Family Planning

At the request of the Family Planning Association it was agreed in 1972 that the service should be transferred to the County Council and administered directly by them. In order to anticipate the changes of 1974 it was further agreed that the services in that part of North Berkshire which would fall in Area 33 should be administered by Oxfordshire on an agency basis. It is now widely accepted that a complete family planning service is essential for the health and well-being of family life, for the prevention of unwanted and unplanned pregnancies, and as a form of insurance against the costs otherwise inevitable to the social and education services. What is needed in the future is an extension of the domiciliary services so that family planning becomes a way of life among those who, at present, are disinterested, apathetic, or hesitant to seek advice. Vasectomy also has been approved as a valuable form of family planning, provided the irreversibility of the measure is first fully explained and understood by adequate counselling.

Health Centres and Group Practices

Over the past decade there has been a growing interest both by doctors and the public in the provision of health centres. The objective has been to bring together doctors and local authority staff so that they practise as a team under one roof. By working together in this way, rather than independently as in the past, a better service should be available to the public. There is however one point that will always need to be watched in a rural county like Oxfordshire, and that is the accessibility of the health centre. The public transport services are so limited that it may be far from easy for those living in villages and hamlets, who are without private transport, to get to the health centres. For the same reason it is sometimes difficult for pathological specimens to be conveyed to hospitals for examination. At present trials are taking place at national level to ascertain the value of a general practitioner car service, similar to the hospital car service, and it may be that such a provision would go a long way to meet the transport difficulties facing both doctors and patients in sparsely populated areas.

Community Wards

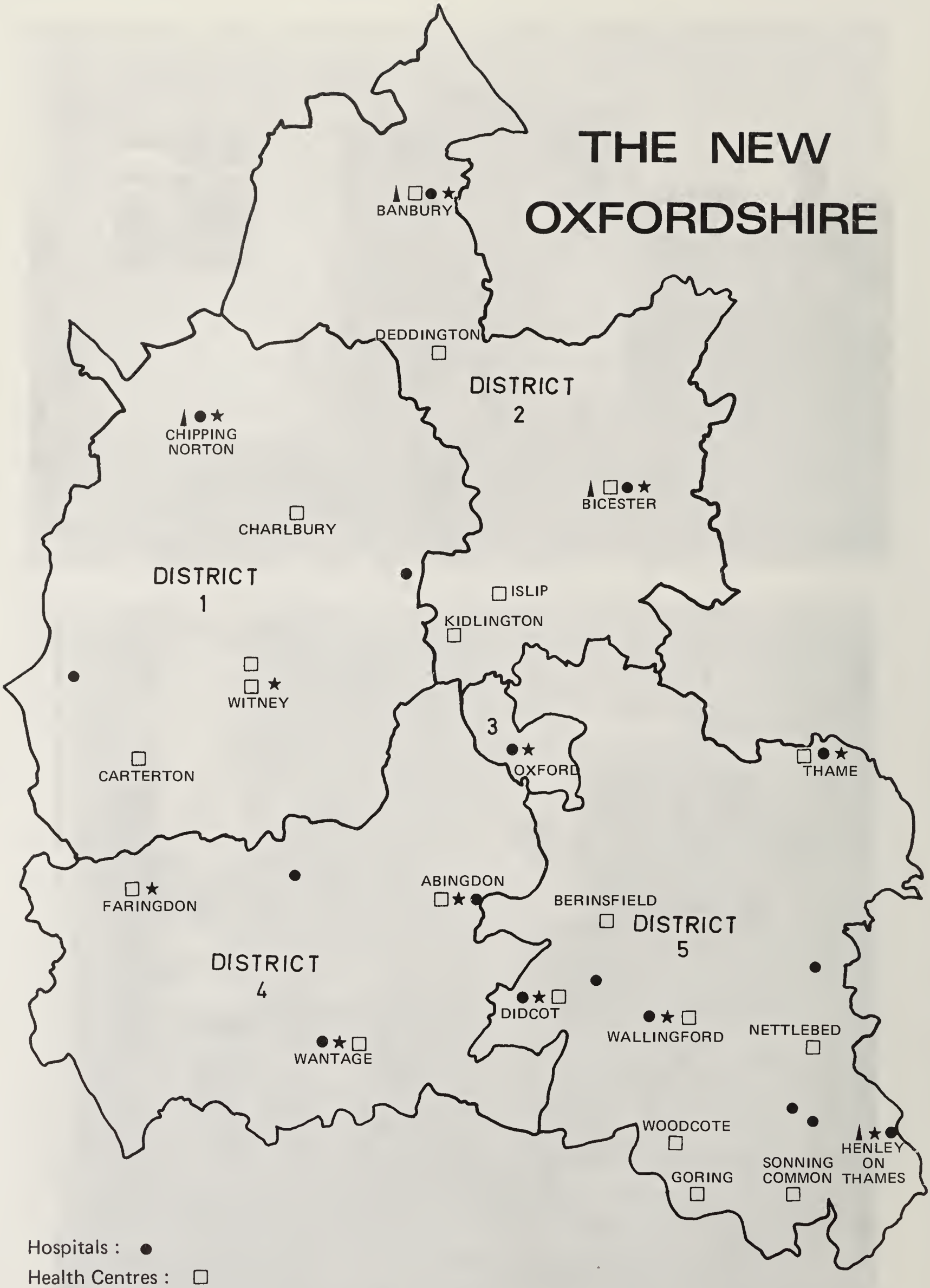
In recent years a trial has taken place of the role of a community ward in the Peppard Hospital, which comes under the administration of the Reading and District Hospital Management Committee. One ward of the 216 bed hospital was handed over to the general practitioners working at the nearby health centre in Sonning Common. The county district nurses helped to staff the ward with the hospital nurses on a rota basis. An early assessment after twelve months experience suggested that without its availability, about half the patients admitted to the ward might have been admitted to the Reading District Hospital. There was thus a considerable advantage to the patients in being treated near their own homes in a local setting by doctors and nurses who were known to them. Almost certainly there were also financial savings, although cost-benefit analyses are notoriously difficult to undertake in relation to health. One of the differences between a community ward and a cottage hospital lies in the organisation of a group of staff working both in the hospital and in the surrounding district. It has now been agreed with the Hospital Board that the county employ all the staff involved; there will then be one rather than two administrative systems involved, each party being responsible for its share of the costs.

Community Hospitals

A community hospital is planned for Witney in association with a second health centre in the town. As with the community ward, one of the objectives will be to share staff on a rota basis between district and hospital, so that the two separate disciplines, as at present constituted, will function

OXFORDSHIRE MOBILE CHIROPODY CLINIC

THE NEW OXFORDSHIRE



Hospitals : ●

Health Centres : □

(Existing and Proposed)

Health Clinics : ▲

Ambulance Stations : ★

(Oxford City services not shown)

as one in the future. In addition to out-patient clinics and specialist services the hospital will provide, inter alia, for those patients who cannot be treated at home on account of social reasons; for selected post-operative cases; geriatric patients; and patients whose admission will allow a holiday for the relatives providing daily support. The policy for manning the hospital and the implementation of that policy will be the responsibility of the hospital consultants and general practitioners. The hospital will function as a supporting hospital for the major hospitals in Oxford, and can be seen as an extension of the policy of the Community Ward. It is anticipated that in the future other community hospitals may be built in Banbury, Bicester, and Henley.

Midwifery Services

The same policy of a unified midwifery staff for hospital and district has been developed in the maternity hospitals and units in Oxfordshire. There is the advantage of the confidence given to expectant mothers from receiving care from midwives they have known throughout their pregnancies; and from the midwives' point of view there is the reward associated with continuity of care and responsibility.

Health Visiting Services

In the past the work of health visitors has been associated chiefly with babies and school children. With the development of health centres and community teams, however, the responsibility of health visitors has increased. They now have a role to play in health education at all ages, in the maintenance of a high immunisation state, in ensuring that family planning services are known and made available to all in need, and in supervising the care of the elderly.

In Oxfordshire specialist health visitors have been appointed to work with geriatric consultants. with the object of linking hospital and domiciliary care, and thus making easier the transition from hospital to home. Similarly in regard to diseases of the chest a specialist health visitor works both in the clinics and the county health department; it is worth recording that in 1972 her field of work was extended to cover that part of North Berkshire which will be included in Area 33 in 1974. The administrative changes that are necessary for 1974 are thus taking place slowly in advance of the appointed day. In the field of venereal infection, a second health visitor was appointed to act as a contact tracer. It is through careful and dedicated work in health education and contact tracing that the best hope of control of this infection lies.

Immunisation Services

Although the range of immunisation against different infections is steadily being extended, routine vaccination against smallpox was discontinued in 1972, since the risks of complications from universal vaccination were thought to outweigh the risks of importation of the infection. A new policy however was approved whereby vaccination against rubella for women of child-bearing age was provided for those showing no evidence of previous infection. Like so many of the silent preventive public health services, immunisation must always be maintained at the highest possible level. At the present time immunisation is provided against diphtheria, whooping cough, tetanus, poliomyelitis, measles, rubella, and tuberculosis. It remains to be seen what new vaccines will come to form part of the standard pattern of preventive care. Rubella, which as a rule is a minor hazard if contracted in childhood, can result in the birth of a severely handicapped child if contracted in pregnancy; and medical evidence has suggested that about a quarter of all babies born seriously deaf may have been injured this way.

Ambulance Services

One of the few changes in the health services which seems to have been almost universally agreed, is the transfer of administration of the ambulance services from local authorities, to the new health authorities. The nature of the work is so closely related to the hospitals and their clinics that it has not been easy in the past for the local authority to have to pay the piper without calling the tune. The ambulance service is in fact a virtual extension of the hospital service, and it is hoped that, by bringing the two together, fewer unnecessary journeys and fewer delays for patients in out-patient clinics will result. It is a costly service, and indeed the cost of transport may exceed the cost of the day-care provided in the hospital. The public have a considerable part to play in its economical and efficient running, since much depends on their co-operation in the cancellation and discontinuation of journeys which are not essential.

Chiropody

In consultation with the voluntary associations who have pioneered much of the chiropody service since 1959, it was decided in 1972 that the county should provide the whole service directly in future. Plans are in hand to increase the establishment of full-time chiropodists who will be based on clinics and health centres; and a mobile unit is now available for use in rural areas outside the reach of the clinics. The objective will be to alleviate discomfort and handicap, and to improve mobility, so that those in need are not restricted to their homes unnecessarily.

Occupational Therapy

This official title, describing the service provided by occupational therapists, is today out-dated, and it is now more appropriate to think in terms of the provision of domiciliary advice and help for those who are ill and disabled so that they can be nursed and cared for at home. The service is at present very closely linked with the hospitals; but there is also the important role of group-classes for the disabled, which allow the handicapped an opportunity to get away from their homes, and the relatives a break from continual care and supervision. Both aspects of the work have to be integrated in order to achieve complete domiciliary care.

In retrospect, 1972 will be seen as a year of anticipation of the changes inherent in the National Health Service Reorganisation. Throughout the summer months a series of meetings were held with representatives of the Management Study Team in order to discuss the Steering Committee's First Tentative Hypothesis. Subsequently the Oxfordshire Area and Regional Joint Liaison Committees were established with the remit of preparing recommendations on the future administration of the health services, so that these could be available for consideration by the responsible authorities after they had been constituted at area and regional level. This preparatory work is a continuing process and, through the creation of shadow authorities in 1973, it is hoped that the changes will take place by a process of smooth evolution. Changes, of necessity however, create uncertainty in the minds of those employed in a service, not to mention those who make use of that service. All the more important, therefore, to ensure the preparation of a thoroughly sound foundation for the new health services, closely bonded with the new local authority environmental, education, and social services. By such preparation uncertainty can be kept to a minimum and the confidence of the public maintained.

The details of the work undertaken in the various sections of the health department are recorded in the text of this report. It only remains for me to thank once again the Chairman and members of the health committee, together with the staff of the health department, for all the help and support they have given so willingly throughout 1972.

I have the honour to be,

Your obedient servant,

M. J. PLEYDELL

County Medical Officer of Health

COMMITTEES AND STAFF

MEMBERS OF THE HEALTH COMMITTEE

Mr. G. A. Potts, O.B.E., M.C., Chairman

Mr. L. T. Gadge, Vice-Chairman

Council Members

Mr. N. O. Bury
Mrs. D. I. Cairns (appointed 14.11.72.)
Mrs. B. C. Causer
Lt. Col. G. Colchester
Mr. B. L. Deed (appointed 14.11.72.)
Mrs. W. D. de Pass
Mr. L. T. Gadge
Mr. R. D. D. Green
Mr. H. W. Howland (resigned 17.5.72.)
Mrs. G. M. Jelfs
Mrs. R. Keeys
Mrs. B. Ledger (resigned 14.11.72.)
Mr. J. R. McDougall
The Viscountess Parker
Mr. G. A. Potts
Mr. W. R. Preston
Mrs. E. A. Ratcliffe
Sir George Schuster
Miss D. G. Thomson
Dr. J. C. Wharton (resigned 16.2.72.)
Mr. R. C. Weir
Mr. E. Wordsworth
Mr. T. E. Worth

Co-opted Members

Area Executive Council Representative — Dr. G. D. Bolsover
Oxford Regional Hospital Board Representative — Miss M. Davis
Other co-opted members : — The Hon. Mrs. H. Wyndham
Mrs. J. Darlow
Mr. E. F. Lambourne

Finance and General Purposes Sub-Committee

Mr. G. A. Potts, Chairman
Mrs. W. D. de Pass
Mr. L. T. Gadge
Mr. H. W. Howland (resigned 17.5.72.)
Mrs. G. M. Jelfs
Mrs. R. Keeys
Mr. J. R. McDougall
Mr. W. R. Preston
Mrs. E. A. Ratcliffe
Sir George Schuster
Dr. J. C. Wharton (resigned 16.2.72.)
Mr. E. Wordsworth
Mr. T. E. Worth

Co-opted
Dr. G. D. Bolsover
Mrs. J. Darlow

EDUCATION COMMITTEE

Special Services Sub-Committee

Mrs. B. Ledger, Chairman
Mr. A. C. Booth
Mrs. B. C. Causer
S/Ldr. J. D. Cazes
Mr. R. Chard
Mr. T. B. Cooper
Mr. L. T. Gadge
Mrs. H. M. Hitchens
Mrs. P. McDougall
Mr. F. A. Montague
Mr. E. D. Patching
Mr. W. R. Preston
Mrs. E. A. Ratcliffe
The Revd. C. C. Ross (resigned 11.10.72.)
Miss D. G. Thomson
Mr. E. Wordsworth

STAFF

County Medical Officer	Dr. M. J. Pleydell, MC, MD, BS, FFCM, DPH
Deputy County Medical Officer	Dr. J. V. Loughlin, MB, BCh, BAO, MFCM, DPH
Senior Medical Officers	Dr. J. H. M. Tilley, MA, MB, BCh, MFCM, DPH Dr. Dorothy M. H. Roberts, MB, BS, MRCS, LRCP, MFCM, DPH
Assistant County Medical Officers (part-time)	Dr. L. H. Brearley, MB, BS, MRCS, LRCP, MFCM, DPH Dr. P. M. Green, MB, BCh, MFCM, DPH
Medical Officers of Child Health Clinics (part-time)	47 general practitioners
School Medical Officers (part-time)	47 general practitioners
Nursing Services	
Director of Nursing Services	Miss E. Worster, SRN, SCM, HV Cert, QNS
Divisional Nursing Officer	Miss D. Tonge, SRN, SCM, HV Cert (appointed 1.1.72.)
Specialist Health Visitor for the School Health Service	Miss C. E. Henry, SRN, SCM, MTC, HV Cert, PH Admin (retired 8.4.72.)
Area Nursing Officers and Nursing Officers	
Northern Area	Miss E. J. Nunn, SRN, SCM, HV Cert, QNS (resigned 9.4.72.) Miss A. M. Ward, SRN, SCM, HV Cert, QNS (appointed 1.6.72) Miss J. B. Sutterby, SRN, SCM, HV Cert, QNS
Central Area	Miss D. Tonge, SRN, SCM, HV Cert (until 31.12.71.) Miss H. D. Hamilton, SRN, SCM, HV Cert, QNS (appointed 1.5.72.) Mrs. B. C. A. Hallett, SRN, SCM, HV Cert (resigned 29.2.72.) Miss E. Hopkins, SRN, SCM, HV Cert (appointed 21.2.72., resigned 13.10.72.) Miss S. E. Duncan, SRN, SCM, HV Cert, QNS (appointed 1.11.72.)
Southern Area	Miss M. C. Piper, SRN, SCM, HV Cert, QNS Miss E. Hopkins, SRN, SCM, HV Cert (until 20.2.72.) Miss B. M. Jobling, SRN, SCM, HV Cert, QNS (appointed 1.4.72.)
Health Visitor and Tuberculosis Liaison Officer	Miss M. E. Haslam, SRN, SCM, HV Cert, BTA
Health Visitor for Health Education	Miss B. G. Gange, SRN, SCM (Part 1), HV Cert, Tech. Teachers' Cert.
Geriatric Health Visitors (part-time appointments with hospital authority)	Miss K. Major, SRN, SCM, ONC, HV Cert. Miss C. I. Tregurtha, SRN, SCM, HV Cert, QNS

Special Clinic Health Visitor and Contact Tracer	Mrs. M. Robards, SRN, SCM, HV Cert. (appointed 1.11.72.)
Health Visitors/School Nurses	52½
Health Visitor Assistants	8½
District Nurse/Midwives	87
Nursing Auxiliaries	10½

Dental Services

Chief Dental Officer	Mr. T. Lucas, LDS, DDPH, RCS Eng.
Area Dental Officers	Mr. W. C. L. Bradshaw, BDS, LDS, VU Manc. (appointed 6.3.72.) Mr. J. A. Theakston, LDS, VU Manc.
Senior Dental Officer	Mr. J. A. Hoyle, BDS, LDS, RCS (resigned 13.11.72.) Mr. N. Kipps, BDS (appointed 13.11.72.)
County Dental Officers	Mrs. J. Higgs, LDS, RCS Eng. Mrs. B. A. Hoyle, BDS, U. Lond. (part-time from 13.11.72.) Mr. J. A. Hoyle, BDS, LDS, RCS (part-time from 13.11.72.) Mr. E. O. Iliffe, LDS, U. Sheff. Mr. N. Kipps, BDS (appointed 31.1.72., promoted 12.11.72.) Miss R. C. Kirkcaldie, BDS, U. Edin. Miss D. M. Langley, BDS (appointed 7.8.72.) Mrs. R. P. Witt, BDS, U. Manc. (resigned 29.2.72.)
Dental Health Education Officer	Mr. H. Macefield
Dental Auxiliary	Miss L. A. Drew
Dental Surgery Assistants	Mrs. A. G. Adkins (resigned 21.4.72.) Mrs. R. Barnard (part-time) (appointed 6.11.72.) Mrs. J. M. Capel Smith Mrs. P. A. Gellatly Mrs. V. S. Gough (appointed 31.7.72.) Miss G. Grove-Palmer (appointed 7.3.72., resigned 7.7.72.) Mrs. B. Maund (appointed 17.4.72.) Mrs. J. Milner (part-time) (appointed 4.9.72.) Mrs. A. Morris Mrs. P. Pleasance (part-time from 13.11.72.) Mrs. K. M. Shepherd Mrs. T. I. Timbs Miss B. E. Walter Mrs. N. M. H. Wilson
County Public Health Officer	Mr. H. G. Bartram, MIPHE
Occupational Therapists	Miss R. A. Barry, MAOT, SROT (appointed 22.3.72.) Miss J. M. Bembridge, MAOT, SROT Miss M. J. Brooks, MAOT, SROT (resigned 31.3.72.) Miss G. Dickin, MAOT, SROT Mrs. H. A. Stancliffe, MAOT, SROT (appointed 1.2.72.) Mrs. S. Wheeler, MAOT, SROT

Chiropody Service

Chief Chiropodist	Mr. S. J. Hammett, SRCh, MChS
Senior Chiropodist	Miss J. E. H. Fuller, SRCh, MChS, MRSH

Speech Therapists

Senior Speech Therapist	Miss J. Allan, LCST
Speech Therapists	Mrs. L. M. Dixon, LCST Mrs. L. Howe, LCST Miss F. White, LCST (resigned 31.12.72.) Mrs. B. Hull, LCST (part-time) Mrs. A. Rackowe, LCST (part-time)
Peripatetic Teachers of the Deaf	Mr. J. Delahunt, B.Sc., (Econ) Mrs. P. I. La Forte
Audiometricians	Miss M. E. Hall, SRN Mrs. I. I. Hazel (part-time)

VITAL STATISTICS

a) General statistics

Area	470,392 acres
Population (estimated mid-1972) total :	283,980
Rateable value for whole County (estimated 1st April 1973) :	£31,774,589
Estimated product of penny rate for whole County (1972/73) :	£114,123

b) Extracts from vital statistics for 1972

Births	*Male*	*Female*	*Total*
Live births	2411	2420	4831
Stillbirths	19	17	36
Total births (live and still)	2430	2437	4867

Deaths	*Male*	*Female*	*Total*
Infant deaths	48	31	79
Total deaths	1250	1115	2365

	Oxfordshire		*England & Wales*
Live birth rate per 1000 population	17	crude	14.8
	16	corrected	
Stillbirth rate per 1000 total (live and still) births	7		12
Illegitimate births (live and still)	244		
Illegitimate births per cent of total live births	5		9
Infant Mortality rate per 1000 live births :			
Legitimate	16		17
Illegitimate	21		21
Neo-natal mortality rate (first four weeks) per 1000 live births	8		12
Death rate per 1000 of estimated population	8.3	crude	
	9.8	corrected	12.1
Maternal deaths (including abortion)	Nil		

The main causes of death were :

Heart disease	745
Cancer	528
Cerebral vascular disease	291
Other circulatory diseases	99
Motor vehicle accidents	37
All other accidents	37

TABLE OF CAUSES OF DEATH 1972

Cause of death	URBAN DISTRICTS																						TOTAL	
	UNDER 4 wks.		4 wks. & UNDER 1 yr.		1 –		5 –		15 –		25 –		35 –		45 –		55 –		65 –		75 & OVER			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases	–	–	2	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1
Tuberculosis of respiratory system	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	–
Late effects of respiratory T.B.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	2
Meningococcal infection	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other infective and parasitic diseases	1	2	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	1	1	5
Malignant neoplasm, buccal cavity etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Malignant neoplasm, oesophagus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
Malignant neoplasm, stomach	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	1	6	5	3	4	12	10
Malignant neoplasm, intestine	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	3	3	1	3	1	5	6	12
Malignant neoplasm, larynx	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–
Malignant neoplasm, lung, bronchus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	9	6	17	4	10	4	40	15
Malignant neoplasm, breast	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	–	6	–	3	–	1	–	14
Malignant neoplasm, uterus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	–	–	–	–	3
Malignant neoplasm, prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	4	–	5	–
Leukaemia	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	2	–	–	2	3	3
Other malignant neoplasms	–	–	–	–	–	–	–	–	1	–	–	–	4	1	7	1	7	6	5	8	2	5	26	21
Benign and unspecified neoplasms	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
Diabetes mellitus	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1	–	3	6	5	7
Avitaminoses etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Other endocrine etc. diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	1	–	3
Anaemias	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	1	–	3
Other diseases of blood etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Mental disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		–	–	–
Meningitis	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Multiple sclerosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	2
Other diseases of nervous system	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	–	1	–	4	2	6	3
Chronic rheumatic heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–	–	2	1
Hypertensive disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	1	2	3	2
Ischaemic heart disease	–	–	–	–	–	–	–	–	–	–	–	–	2	1	11	2	22	5	38	27	42	53	115	88
Other forms of heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	5	1	10	17	18	20
Cerebrovascular disease	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2	3	4	16	8	16	32	38	47
Other diseases of circulatory system	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	5	3	4	12	10	17
Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1
Pneumonia	–	–	1	1	1	–	–	–	–	–	–	–	–	–	–	–	1	3	5	1	23	27	31	32
Bronchitis and emphysema	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	10	1	11	4	22	6
Asthma	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
Other diseases of respiratory system	–	–	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	7	2
Peptic ulcer	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	5	1	6	1
Appendicitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Intestinal obstruction and hernia	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1
Cirrhosis of liver	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases of digestive system	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	3	2	3	2	7
Nephritis and nephrosis	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	–	–	–	–	2	1
Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
Other diseases, genito-urinary system	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	1	1	1	4
Diseases of skin, subcutaneous tissue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–
Diseases of musculo-skeletal system	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Congenital abnormalities	1	–	2	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	1		–	5	1
Birth injury, difficult labour etc.	3	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	6
Other causes of perinatal mortality	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	4
Symptoms and ill defined conditions	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	2	2
Motor vehicle accidents	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	1	1	–	3	1
All other accidents	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	2	3	–	–	1	5	3	9
Suicide and self-inflicted injuries	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–
All other external causes	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	1	1
Total all causes	7	12	12	3	2	1	1	1	2	2	2	1	11	3	29	16	59	48	118	76	150	198	393	361

RURAL DISTRICTS																								GRAND TOTAL
UNDER 4 wks.		4 wks. & UNDER 1 yr.		1 –		5 –		15 –		25 –		35 –		45 –		55 –		65 –		75 & OVER		TOTAL		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M & F
–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	6
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	3
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	3
–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	2	1	2	2	10
–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	4	–	4
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	4	1	6	2	9
–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	3	–	8	10	5	8	18	18	58
–	–	–	–	–	–	–	–	–	–	–	=	2	1	1	1	3	7	2	8	4	11	12	28	58
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	1		4	–	5
–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	2	18	7	31	4	10	4	64	17	136
–	–	–	–	–	–	–	–	–	–	–	2	–	3	–	4	–	11	1	10	–	13	1	43	58
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	–	–	1	–	4	7
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	4	–	7	–	12	–	17
–	–	–	–	1	–	–	2	1	1	–	–	–	–	–	–	2	–	1	1	3	1	8	5	19
–	–	–	–	1	1	1	–	1	–	–	2	4	3	8	7	14	8	15	14	13	18	57	53	157
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	–	2	3	6
–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	3	1	2	5	4	9	9	30
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	3
1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	2	–	–	–	4	1	8
–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	4	7
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2
–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	2	–	3	3	7	3	10
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	2	4
–	–	2	–	1	–	1	1	–	–	–	–	–	–	2	2	1	–	–	3	3	4	10	10	29
–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	2	1	1	4	3	3	3	9	9	21
–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	3	4	4	2	7	9	21
–	–	–	–	–	–	–	–	–	–	2	1	2	2	21	4	48	11	80	30	79	106	232	154	589
–	–	1	–	–	–	–	–	–	–	1	–	–	–	4	1	3	–	7	2	20	37	36	40	114
–	–	–	–	–	–	–	–	–	–	–	–	4	1	3	9	7	6	18	24	41	93	73	133	291
–	–	1	–	–	–	–	–	–	–	2	–	–	–	1	–	5	3	11	8	17	24	37	35	99
–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	2	2	3	3	7
–	–	1	3	–	–	–	–	2	–	–	–	–	–	1	1	5	2	18	12	44	52	71	70	204
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	17	3	19	9	40	13	81
–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	2	1	–	–	–	–	2	2	5
–	–	1	5	–	1	1	–	1	–	–	–	1	–	1	–	2	1	3	–	3	4	13	11	33
–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–	–	3	–	4	3	9	3	19
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2	2	6
–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1	1	2
–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	5	3	3	2	9	5	23
–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	–	–	1	1	1	4	8
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	3
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3	3	4	4	7	16
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	2
–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	2	2	1	–	–	3	3	6
2	4	5	1	1	–	–	1	1	–	–	–	1	–	–	–	–	–	–	–	–	1	10	7	23
8	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	8	3	20
3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	8
–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	2	4	2	10
–	–	–	–	–	–	1	1	4	4	6	–	2	2	1	1	6	–	2	–	2	1	24	9	37
–	–	1	–	3	1	2	–	2	–	2	–	–	–	–	1	2	–	–	1	1	9	13	12	37
–	–	–	–	–	–	–	–	1	–	1	3	1	3	3	3	4	–	–	–	1	1	11	10	22
–	–	–	–	–	–	–	–	–	1	–	–	–	–	2	–	–	–	1	–	–	–	3	1	6
15	7	14	9	9	3	7	6	14	6	16	10	18	18	61	42	137	71	251	150	315	432	857	754	2365

VITAL STATISTICS OF WHOLE COUNTY
DURING 1972 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	BIRTHS		DEATHS			
				Under 1 year of age		At all ages	
		Number	Rate per 1000 of population	Number	Rate per 1000 net births	Number	Rate per 1000 of population
1	2	3	4	5	6	7	8
							Crude *Corrected
1963	216,950	4,517	20.8	85	18.8	2,304	10.6 11.5
1964	223,590	4,606	20.6	76	16.5	2,047	9.1 10.1
1965	229,340	4,847	21.1	82	16.9	2,118	9.2 9.7
1966	239,260	4,721	19.7	74	15.6	2,239	9.3 9.7
1967	249,340	4,730	18.9	70	14.7	2,102	8.4 9.4
1968	255,490	4,913	19.2	79	16	2,309	9 10
1969	264,890	4,820	18.2	89	18	2,305	8.7 10
1970	270,530	5,068	18.7	74	15	2,282	8.4 9.9
1971	277,560	4,972	17.9	74	15	2,335	8.4 9.9
1972	283,980	4,831	17	79	16	2,365	8.3 9.8

Rural Districts	Population estimated to middle of 1972	NET BIRTHS			NET DEATHS				
					Under 1 year of age		At all ages		
		Number	Rates per 1000 of population		Number	Rate per 1000 net births	Number	Rates per 1000 of population	
			Crude	*Corrected				Crude	*Corrected
Banbury	19,410	325	16.7	17.9	5	15	209	10.8	10.6
Bullingdon	55,700	906	16.3	14.5	5	6	436	7.8	8.9
Chipping Norton	19,540	298	15.3	15.8	2	7	186	9.5	10
Henley	33,370	542	16.2	16	10	18	282	8.5	9.4
Ploughley	36,450	482	13.2	12.9	11	23	239	6.6	10.2
Witney	39,450	802	20.3	18.1	12	15	259	6.6	8.7
Urban Districts									
Banbury	30,170	570	18.9	16.8	17	30	263	8.7	11.4
Bicester	12,640	247	19.5	17.9	2	8	76	6	9.9
Chipping Norton	4,750	93	19.6	19.2	1	11	67	14.1	11.7
Henley	11,780	147	12.5	13.8	3	20	164	13.9	11.3
Thame	5,960	110	18.5	17.4	1	9	53	8.9	7.7
Witney	12,730	256	20.1	16.9	9	35	99	7.8	9.7
Woodstock	2,030	53	26.1	26.4	1	19	32	15.8	13.1

*A corrected rate having been adjusted for age and sex distribution

PROVISION OF HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

HEALTH CENTRES AND HEALTH CLINICS

Banbury

(a) The schedule of accommodation for the health centre on the Orchard House site has been approved. Accommodation will be provided for 7 doctors, local authority staff, and a dental clinic. It is anticipated that building will start in 1973.

(b) The plans for the health clinic in the grounds of the Horton General Hospital have been approved. Building will start in 1973.

(c) The West Bar practice has extended its premises and provided five offices for use by members of the County staff attached to the practice.

(d) Dr. Hyslop's practice will also provide accommodation for the staff working with his practice.

Berinsfield

Work has proceeded on the extension of the building which links it to the two adjoining district nurses' houses. One of the houses will be used by the Social Services Department, an arrangement which should help to secure integration of function of the two services.

Bicester

The plans for the health centre have been approved and it is hoped that the building will be completed soon after the current financial year has ended.

Carterton

The health centre was opened on September 13th by Dr. C. A. Cooke, O.B.E., M.A., LL.D., J.P. The provision of the centre has been greatly welcomed by everybody, and the services at the centre are linked closely with those at the R.A.F. clinic nearby.

Charlbury

A schedule of accommodation has been prepared for a centre to be erected on a suitable site in the village.

Deddington

The plans for the health centre have been approved, and it is anticipated that the building will be completed in the current financial year.

Goring

A schedule of accommodation has been prepared for a health centre which, it is hoped, will be built on a central site in the town.

Islip

Discussions are taking place with a view to finding a suitable central area for a small health centre at Islip in 1974/75.

Kidlington

The health centre has provided a valuable service for the community, and the design and outlay of the building has received much favourable comment from visitors.

Nettlebed
The Department of Health and Social Security have agreed the plans for the adaptation and extension of the doctors' practice accommodation, which will enable it to function as a health centre.

Sonning Common
The extensions to the building were completed at the beginning of 1973, and the health centre now accommodates five doctors.

Thame
The health centre was in use in December, and was opened in the following month by The Rt. Hon. Sir Keith Joseph, Bt., M.P., Secretary of State for Social Services. Two groups of practitioners work from the centre, and its close proximity to the hospital should ensure functional integration of the services.

Witney
(a) Provision has been made in the building programme for a local authority health centre in 1974. Since the centre will be built on the same site as the community hospital, it has been agreed that the Regional Board will build the premises in accordance with the schedule of accommodation prepared by the Council.

(b) The Nuffield Health Centre has continued to attract considerable attention at national and international level, and during the year arrangements have been made for groups of visitors to be shown round. It is one of the very few health centres in the country to provide a wide range of hospital out-patient services, in addition to the local authority and general practitioner services.

Health Clinics
The local authority clinics at Banbury, Chipping Norton, Bicester, and Henley have been fully utilised. The accommodation at Banbury and Henley have been adapted for use as area administrative headquarters for the nursing services.

Building Programme

1973/74	Deddington Health Centre
	Banbury Health Centre
	Banbury Health Clinic
	Goring Health Centre
1974/75	Nettlebed Health Centre
	Charlbury Health Centre
	Islip Health Centre
1975/76	Witney Health Centre

Premature births
The number of premature births notified, as adjusted by notifications transferred into or out of the area, was :

	In hospital	*At home*	*In private nursing homes*	*Total*
Premature live births	287	3	–	290
Premature stillbirths	25	1	–	26

Table 1

Weight at birth	Premature live births												Premature still births	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 days and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. 2lb 3oz or less	8	5	1	–	–	–	–	–	–	–	–	–	3	1
2. Over 2lb 3oz up to and including 3lb 4oz	12	2	4	–	–	–	–	–	–	–	–	–	5	–
3. Over 3lb 4 oz up to and including 4lb 6oz	57	4	2	2	2	–	–	–	–	–	–	–	9	–
4. Over 4lb 6oz up to and including 4lb 15oz	72	1	–	–	1	1	–	–	–	–	–	–	5	–
5. Over 4lb 15 oz up to and including 5lb 8oz	138	2	1	–	–	–	–	–	–	–	–	–	3	–
6. Total	287	14	8	2	3	1	–	–	–	–	–	–	25	1

Stillbirths

Causes of stillbirths amongst children born to persons resident in Oxfordshire

In 1972 there were 36 stillbirths compared with 44 in 1971. The analysis of the causes of these stillbirths is as shown in Table II.

Table II

	Male	Female	Total
Chronic disease in mother	–	–	–
Acute disease in mother	–	–	–
Diseases and conditions of pregnancy and childbirth	–	–	–
Absorbtion of toxic substances from mother	2	1	3
Difficulties in labour	1	1	2
Other causes in mother	–	–	–
Placental and cord conditions	4	5	9
Birth injury	–	1	1
Congenital malformation of the foetus	6	9	15
Diseases of foetus and ill-defined causes	3	3	6
All causes	16	20	36

Notification of babies with congenital defects

Domiciliary and hospital midwives notify babies born with defects to this department. Subsequent alterations in diagnosis can be made before the returns are forwarded to the Registrar General.

Table III – Notified congenital abnormalities

Year of Birth	Children affected	Defects recorded
1963	92	104
1964	104	112
1965	93	105
1966	122	153
1967	105	121
1968	121	155
1969	99	119
1970	107	129
1971	137	170
1972	126	170

Table IV – Congenital abnormalities in babies born in 1972

Categories	Stillbirths			Infant deaths			Alive			All groups		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
Central nervous system	6	12	18	4	7	11	4	12	16	14	31	45
Eye, ear	–	–	–	–	–	–	5	3	8	5	3	8
Alimentary system	1	1	2	–	2	2	10	4	14	11	7	18
Heart and great vessels	1	–	1	2	1	3	10	4	14	13	5	18
Respiratory system	–	–	–	–	–	–	–	–	–	–	–	–
Urogenital system	–	–	–	1	–	1	14	1	15	15	1	16
Limbs	2	1	3	–	2	2	9	24	33	11	27	38
Other skeletal	–	1	1	–	1	1	3	2	5	3	4	7
Other systems	1	–	1	–	–	–	6	5	11	8	5	13
Other malformations	–	–	–	1	1	2	2	3	5	3	4	7
All abnormalities	11	15	26	8	14	22	63	58	111	83	87	170
Total no. of children involved	6	9	15	5	5	10	55	46	101	66	60	126

Ophthalmia neonatorum and puerperal pyrexia
No cases of ophthalmia neonatorum were notified.

Deaths ascribed to pregnancy or childbirth
No deaths occurred in 1972.

Antenatal care
There is a continued demand for, and interest in, antenatal classes. They provide an excellent forum for health and parentcraft education, as well as fulfilling a social need. Classes are now held at six centres in the northern area, ten in the central area, and eight in the southern area. The classes are generally run jointly by the midwife and health visitor.

Four sessions were introduced to initiate new staff into relaxation and antenatal class techniques. The aims and values of such classes are under discussion.

Maternity accommodation
The booking of cases on social grounds is undertaken by the local authority in conjunction with the medical practitioner concerned.

The Abortion Act 1967
No nursing homes are registered in Oxfordshire for termination of pregnancy.

Dental Care of Expectant and Nursing Mothers and children under five years of age

Dental Statistics

A. Attendances and Treatment

Number of visits for treatment	Children 0–4(incl.)	Expectant and nursing mothers
First visit	424	74
Subsequent visits	413	152
Total visits	837	226
Number of additional courses of treatment other than the first course commenced during year	40	5
Treatment provided during the year – number of fillings	676	128
Teeth filled	606	109
Teeth extracted	231	62
General anaesthetics given	82	5
Emergency visits by patients	106	15
Patients X-rayed	9	26
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	184	95
Teeth otherwise conserved	108	–
Teeth root filled	–	2
Inlays	–	1
Crowns	–	1
Number of courses of treatment completed during the year	380	47

B. Prosthetics

Patients supplied with FU or FL (First time)	4
Patients supplied with other dentures	3
Number of dentures supplied	10

C. Anaesthetics

General Anaesthetics administered by Dental Officers	–

D Inspections

	Children 0–4 (incl.)	Expectant and nursing mothers
Number of patients given first inspections during year	A. 988	D. 73
Number of patients in A and D above who require treatment	B. 447	E. 63
Number of patients in B and E above who were offered treatment	C. 428	F. 63

E Sessions – Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients

For treatment	159
For health education	54

Ascertainment of deafness in young children

All babies have their hearing tested in the first year of life. Infants who are considered to require special examination due to abnormality before, during, or after childbirth are referred for consultant opinion. Similarly, children who are not speaking clearly by the age of two are referred to the audiometric department at Oxford, Reading or Banbury. In their first year at school, children's hearing is again tested by audiometric examination.

Distribution of welfare foods

Sales to the value of £2244.88 were made during the year compared with £9207.61 in 1971. The reduction in sales resulted from the Department's decision that orange juice should not be made available after March 1972.

There are now only 70 distribution centres in the County – a number of small centres having closed after sales of orange juice were discontinued.

During the year the following items were distributed.

National Dried Milk:	6,946 packets sold
	501 packets free
Vitamin Drops :	10,379 bottles sold
	644 bottles free
Vitamin Tablets :	1,493 bottles sold
	34 bottles free
Orange Juice :	3,594 bottles sold
	139 bottles free

MIDWIFERY AND HOME NURSING (SECTIONS 23 and 25)

Administration of the Local Authority Nursing Services

The increase in the nursing and health visiting staff, together with the changing pattern of their work and the formation of primary health care teams, has resulted in more work for the Area Nursing Officers. In order to give adequate support and advice to the staff, it was agreed that an additional nursing officer was needed in each area and that the nursing officers at first line management level should be functional rather than geographical. Two new Area Nursing Officers and two new nursing officers were appointed in 1972. Three of the vacancies occurred as a result of promotion, while one nursing officer decided to return to health visiting. Three additional nursing officers will be appointed to commence their duties on 1st April, 1973; it is hoped that there will be sufficient suitable applications from the existing staff for these posts.

Area Nursing Officers have continued to hold regular staff meetings. The Chief Nursing Officer and the Divisional Nursing Officer have attended some of the meetings to discuss the reorganisation of the health service and to reassure the staff on pending changes.

Nursing Services

The number of general practitioners requesting trained nursing staff to undertake work in their surgeries as well as in the home has increased. In order to comply with these requests, more nursing auxiliaries are being employed to undertake the lesser skilled nursing tasks.

The community ward pilot scheme at Peppard Hospital is now being administered solely by the local authority nursing officers. The original concept of dual nursing administration by the hospital and local authority was found to create administrative problems. Accordingly, at the beginning of the year, discussions took place between nursing officers of the Oxford Regional Hospital Board, the Royal Berkshire Hospital and the Oxfordshire County Council to see if the difficulties could be solved. It was agreed that the ward should be administered by Oxfordshire County Council, and that a nursing officer (first line management) should be appointed jointly by the hospital and Oxfordshire County Council to be in charge of the ward and the related community nursing services. The nursing officer, who was to be directly responsible to the Area Nursing Officer for the day to day management, took up his post in July 1972, and the arrangement has proved to be completely successful.

Staff have attended refresher courses, day conferences and lectures throughout the year, and some of the nurses have assisted the general practitioners in research projects.

Recruitment of nursing staff is difficult in some areas because of the shortage and high cost of houses. As a result, increasing reliance is being placed on local applicants with their own accommodation in the area.

Midwifery Service

The three unified midwifery schemes in the County at Bicester, Henley, and Chipping Norton are all running successfully with their full complement of midwives. Discussions are taking place in Banbury, with a view to starting a similar scheme at the Horton Maternity Hospital.

The County midwives, who live within reasonable travelling distance of the new John Radcliffe Maternity Hospital, are now going into the hospital to deliver their own patients. This has given more job satisfaction to the midwives, and has helped to improve the co-operation and communication that already exists between the hospital and community midwives.

The establishment of nursing staff at the time of writing this report is 103, a figure which includes district nurse midwives, state registered nurses, enrolled nurses and nursing auxiliaries. The number of vacancies is 5½.

The following tables show the work carried out by nurses and midwives during 1972 as compared with the figures for 1971.

Home Nursing

Place where first treatment during year by the home nurse took place	Number of persons treated during year			
	Under 5 (1)	5-64 (2)	65 and over (3)	Total (4)
Patient's home	315	2686	4280	7281
Health Centres	340	865	169	1374
GPs' premises (excluding those in health centres)	1528	6234	1973	9735
Maternity and child health centres	20	–	–	20
Hospital	–	8	11	19
Residential homes	1	13	75	89
Elsewhere	5	24	2	31
Total	2209	9830	6510	18549

Midwifery

	Discharged within	
Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives	2 days	570
	3-7 days	1923
	8 or more days	1717
	Total	4210
No. of domiciliary confinements attended by midwives under NHS arrangements		126
Number of hospital confinements conducted by domiciliary midwives		306

Training

Thirteen pupil midwives received domiciliary training for a twelve week period in the County, and the following student nurses have been out on visits of observation: 10 S.R.N. students, 43 S.E.N. students, 16 obstetric students, 8 geriatric nurse students, 16 child care students.

Twelve State Registered Nurses and three State Enrolled Nurses took the district nurse training course during 1972.

HEALTH VISITING (SECTION 24)

Health visitors have responded to an increasing number of requests from many organisations for talks and lectures on a variety of subjects. Some of the staff have been taking a keen interest in health education, particularly in the schools and child health clinics. The provision of well equipped health education facilities in the new health centres, and the help and advice given by the health education section, have encouraged participation in this work. In some areas parentcraft classes are run jointly by the health visitors and general practitioners. In others, it has been found that successful classes for the more difficult groups have been made possible through the excellent co-operation between the social worker and health visitor. Further two-day courses of instruction on family planning have been organised with the Family Planning Association for health visitors and nursing staff.

Health visitors have continued to participate in the training of students from various disciplines, and increasing demands for visits of observation have been made from official bodies and authorities, including the World Health Organisation. Two health visitors have trained as fieldwork instructors; it is anticipated that an increasing number of health visitors will receive this training next year.

Staff

On 31st December, 1972, the following staff were in post :

Full-time Health Visitors :	53	Full-time equivalent 56½ (establishment 72)
Part-time Health Visitors :	7	
Part-time Health Visitor Assistants :	17	Full-time equivalent 8½

Training

Eight student health visitors sponsored by Oxfordshire completed the course at the Oxford Polytechnic, and eight took up posts in this County.

Health Visiting – Cases seen by health and tuberculosis visitors during 1972

TYPE OF CASE		Total number of cases seen (1)	Number of cases included in col (1) seen at special request of : Hospital (2)	GP (3)
Children born in 1972		5459	102	78
Other children aged under 5		13620	41	355
Persons aged between 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service)		807	16	151
Persons aged between 17 and 64		2178	165	446
Persons aged 65 and over		5085	203	873
Households visited on account of tuberculosis		293	19	14
Households visited on account of other infectious diseases		32	–	8
Households visited for any other reason		575	23	39
	Total	28049	569	1964
Number of persons included in lines 1-5 above who are :	Mentally handicapped	158	4	24
	Mentally ill	372	15	156

Health Education Sessions

Number of health education sessions attended by health visitors :	At health centre	80
	At GP premises (excluding those in health centres)	27
	At maternity and child health centres	51
	At school	161
	In hospital	9
	Elsewhere	101
	Total	429
Number of health education sessions attended by school nurses		–

Case Conferences (only those lasting at least 30 minutes are included)

Number of case conferences attended by health visitors with:	Social Workers	260
	Hospital Staff	67
	General practitioners	901
	Any combination of above	334
	Others (ie none of the above present)	254
	Total	1816

CO-ORDINATION OF THE HEALTH DEPARTMENT'S SERVICES WITH THE HOSPITAL AND FAMILY DOCTOR SERVICES

A. *Hospitals*

During the year, nursing officers from the hospitals, Oxfordshire County Council and Oxford City have been meeting frequently to discuss the future pattern of the nursing services in the reorganisation of the health service. Hospital and community nursing staff are gaining a greater understanding of each other's work and associated problems, and new schemes are being developed to help overcome some of the problems. Co-operation and communication have been extremely good during this difficult period of change, and it is very evident that everyone is determined to produce a service that will give the best possible total patient care.

Pilot schemes have been started in the John Radcliffe Maternity Hospital and the Park Hospital children's psychiatric unit, whereby community staff visit the wards and discuss the discharge of patients with the ward sister. Where appropriate, the discussion is extended to the patients and relatives. Although these schemes are still very new, staff from the hospital and community feel that they are already a success. Unfortunately such liaison is very time-consuming, and ideally the staff involved should be relieved of some of their other duties.

B. *General Practitioners*

Co-operation between the nursing services and general practitioners continues to grow and develop as a result of successful attachment of nursing staff to medical practices. General practitioners now participate fully in discussions with the nurse administrators in planning the development of the nursing services, and are invited to interviews of prospective nurses and health visitors. Considerable interest and enthusiasm have also been shown by some general practitioners to provide in-service training for their attached staff in the form of talks, demonstrations and discussions with a view to advancing and improving the nurses' knowledge. The Thames Valley Faculty of General Practitioners have approached Directors of Nursing Services in the region to discuss possible areas of joint training of general practitioners, health visitors and district nurses. This form of liaison is warmly welcomed and joint discussions are being held at the present time.

Child Health Clinics

In 1972, the popularity of County child health clinics was maintained, as is shown in the table below:

	Year	1970	1971	1972
Numbers of	1. Children under age of 5 years who attended clinics in year	12232	13290	13010
	2. Children under age of 1 year who attended clinics for first time in year	3877	4288	4909
	3. Live births in year	5068	4972	4839
2. as a percentage of 3.		77	86	101*

The statistics do however require some care in interpretation, as is shown by the percentage marked with an asterisk. More infants attended clinics for the first time in 1972, than were born in that year; but some of the attenders were born in the last months of 1971, and some must have been born outside of Oxfordshire to families who moved into Oxfordshire with their new infant.

The growing interest among general practitioners in the development of normal children is illustrated by arrangements made during the year for two general practitioners to hold child health clinics on their own premises, and for their own patients. The underlying principle is that child health clinics should be held on the most suitable premises, provided that these are convenient for the mothers and children. The most recent removal of a clinic from sub-standard premises occurred at the end of the year with the opening of the Thame Health Centre. Staff and clientele might be said to have moved forward twenty-five years in the improvement of conditions which they experienced overnight.

List of Clinics **Government Welfare Foods supplied at or near these clinics*

*Adderbury
Ambrosden
*Aston
*Bampton
*Banbury (Bretch Hill)
*Banbury (Evenlode Community Centre)
Banbury (Warwick Road)
*Benson R.A.F.
*Benson Village
*Berinsfield
*Bicester
Bletchingdon
*Bloxham
Bodicote
*Brize Norton R.A.F.
*Burford
*Carterton
*Cassington
*Chadlington
*Chalgrove
*Charlbury
*Chinnor (1)
Chinnor (2) (opened 15.6.72.)
*Chipping Norton (1)
Chipping Norton (2) (opened 1.9.72.)
*Combe
Cropredy
*Deddington
Emmer Green
*Enstone
*Eynsham
*Filkins
*Finstock
*Freeland
Fringford (opened 14.3.72.)
*Fritwell
Garsington
*Goring
*Great Milton
*Great Rollright
*Hanborough
*Henley-on-Thames
Hethe (closed 8.2.72.)
*Hook Norton
*Horspath
Islip
*Kidlington (Health Centre)
*Kidlington (Oxford Road)
*Kingham
*Kirtlington
*Launton
*Leafield
Littlemore
Mapledurham
*Middle Barton
*Milton-u-Wychwood
*Minster Lovell
*Nettlebed
*Northleigh
*Old Marston
*Sandhills
*Sonning Common
*Standlake
*Stanton Harcourt
*Stanton St. John
*Steeple Aston
*Stonesfield
Tackley
*Thame
*Upper Heyford
*Warborough
Watlington
*Witney (Nuffield Health Clinic)
*Woodcote
*Woodstock
Wootton
*Yarnton

Phenylketonuria

The urine chromatography ('filter-paper') test at fourteen days after birth was continued for all babies living in the County. American residents who are no longer delivered at the U.S.A.F. service maternity hospital, where formerly the babies had blood Guthrie tests performed, now come under the County scheme. Babies born in R.A.F. Service hospitals, or in the maternity wards of the Reading and District hospitals, however, have the blood Guthrie tests performed in addition to chromatography if they remain longer than six days in hospital.

Urine chromatography, unlike the blood Guthrie test, detects a range of conditions other than phenylketonuria. The test has been approved by the Department of Health and Social Security, and the Oxford area provides a useful comparison with other areas using the blood Guthrie test. For these reasons urine chromatography is still carried out even where a baby has had the blood Guthrie test in hospital.

After excluding infants who died or left the County before a test could be done, 98.5% of all babies were tested, the same figure as in 1971. Four children were referred to their family doctors by reason of excessive urinary levels of glucose (2), or protein (2). Six other children required follow-up because of excess of urinary amino-acids. One will probably be normal by the age of one year. One child appears to be a case of phenylketonuria and was admitted to hospital for further investigation and treatment within four weeks of birth soon after Christmas. Failure to institute a special diet for a child with this condition before the first few months of life is thought to result in severe impairment of mental development, so that permanent hospitalisation is probably necessary later on. Three out of the four infants with increased levels of the amino-acid cystine in their urine were definitely suffering from the condition cystinuria; here an adequate fluid intake when dehydration threatens may prevent the formation of stones in the renal tract.

Supervision of maternity and nursing homes
(Conduct of Nursing Homes Regulations 1963)

The following nursing homes were inspected :

1. St. Andrews Nursing Home, St. Andrew's Road, Henley-on-Thames	General	8 beds
2. Oxfordshire Cheshire Home, Greenhill House, Adderbury	Young Chronically Handicapped	5 beds
3. Thames Bank Nursing Home, Goring-on-Thames	General	28 beds
4. Tracey House, 24 Broughton Road, Banbury	General	14 beds
5. Wardington Nursing Home, Wardington, near Banbury	General	26 beds

St. Andrews Nursing Home closed early in 1972; Oxfordshire Cheshire Home is also registered by the Social Services Department as a Handicapped Persons' Home of 19 beds.

VACCINATION AND IMMUNISATION (SECTION 26)

a) Vaccination against smallpox

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during the year :

Under 1		1		2 to 4		5 to 15		Total	
Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc
41	–	213	3	38	17	51	303	343	323

b) Diphtheria, whooping cough, tetanus, poliomyelitis, measles and rubella immunisation

Details of children immunised against diphtheria, whooping cough, tetanus, poliomyelitis, measles and rubella by the end of the year are shown as follows :

Year of birth	1972		1971		1970		1969		1968-1964		Others under age 16		Total	
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster
Diphtheria	1291	–	2623	599	392	1378	96	330	95	4373	9	206	4506	6886
Whooping cough	1283	–	2614	524	386	1187	88	269	54	238	1	1	4426	2219
Tetanus	1291	–	2625	601	394	1383	109	342	99	4441	222	2683	4730	9450
Polio-myelitis	1283	–	2626	593	396	1321	96	330	99	4530	20	1923	4520	8697
Measles	4	–	2448	–	1294	–	387	–	467	–	42	–	4642	–
Rubella	–	–	–	–	–	–	–	–	–	–	1568	–	1568	–

c) Local Authority Immunisation and Vaccination Statistics

The following statistics have been made available by the Department of Health and Social Security:

	Percentage of Children born in 1969 and Vaccinated by 31.12.71.		
	Whooping Cough	Diphtheria	Poliomyelitis
England	78	80	80
Oxfordshire	87	88	87

d) BCG Vaccination

1. Schools

	Eligible	Consents	Consent rate %	Absent from skin test	Skin tested	Absent from reading	Positives grades 2/3/4	Positives re-actor rate %	Positives Grade 1 and Negative - vaccinated
Grammar & Secondary schools	4002	3393	84.8	268	3125	341	181	5.8	2603
Private schools	350	273	78.0	4	269	2	23	8.6	244
Total	4352	3666	84.3	272	3394	343	204	6.0	2847
Teachers Training College	–	–	–	–	–	–	–	–	–

2. Contacts

BCG Vaccination was given to 516 Oxfordshire County contacts at clinics held at the Churchill Hospital; Horton General Hospital, Banbury; Chipping Norton War Memorial Hospital; the Nuffield Health Centre, Witney; and Reading Chest Clinic.

AMBULANCE SERVICE (SECTION 27)

Administration

The successful administration of the service by a Joint Committee continues. Having so many years experience in operating a Joint City and County Ambulance Service, it is envisaged that no critical problems will be encountered in 1974 when the service becomes part of the Area Health Authority. Experience has shown that problems encountered in a County Service are entirely different from those of a Borough and must be dealt with in a different manner. During the latter part of the year, the City Station Superintendent left to take up an appointment in Berkshire : since his successor was one of the Station Officers from Central Control, there were several promotions within the service.

The productivity scheme introduced in November 1971 for a trial period of six months has, after several minor modifications, been accepted by the men and the union. It will be seen from Table II that the planning of vehicle runs in conjunction with productivity has resulted in the Ambulance Service vehicles carrying 8,000 additional patients with a slight reduction in the average miles per patient carried.

Stations

The extensions to the Banbury Ambulance Station were completed in March and the extensions to the Bicester Ambulance Station were commenced during the year. Completion of the Bicester extensions, through an unavoidable delay, is not now expected until the middle of 1973.

The staff at Banbury organised an Open Day at their Station on Sunday, September 24th, between the hours of 10,00 a.m. and 4.00 p.m. This was a very successful venture, and well attended by the public who had all aspects of the service available for their inspection. The highlight of the day was a demonstration, with commentary, of a crew dealing with an accident. In addition, vehicles were available for inspection, the use of equipment on view was explained, and tours of the Control Room were arranged.

Vehicles

Five stretcher case ambulances and two sitting case vehicles were ordered to replace vehicles that had reached the replacement stage. There are signs that the delivery of vehicles, which has in the past been very much behind schedule, is improving. The body builders have promised delivery of all outstanding vehicles by the end of the 1972/73 financial year.

The current order for ambulances was for standard bodywork, built in accordance with the Working Party's recommendation on ambulance design, and mounted on the Bedford C.F. chassis. This will introduce the stretcher cot into the service, and only time and experience will evaluate this piece of equipment. The 'Stockall Wilson' type of trolley, introduced into the service twelve years ago, has proved most satisfactory. With its use, especially the ease with which a patient can be loaded in or out of the ambulance, there has been a marked decrease in the incidence of strained backs among the ambulancemen. All will be sorry to see the gradual phasing-out of this extremely useful piece of equipment.

Staff

The service continues to operate under established. Extreme difficulty is experienced in recruiting the right type of person, especially in view of the demands made upon labour by the car and other industries in the vicinity. In one particularly difficult area, where the Station has been between two and three men short for over three years, the Joint Ambulance Committee has been successful in obtaining two ex-police houses that can be made available to ambulance staff on a service tenancy. It is felt that this may be an incentive to trained personnel who would like to come to the area, but cannot do so owing to the high cost of purchasing a house. Training of staff continues at the Southern Ambulance Training School at Bishops Waltham. The next financial year's programme has been arranged and, in addition to the usual courses, a start is to be made on ambulance driving instruction.

Once again, a team was entered in the regional competition of the National Ambulance Competition which this year was held at Norwich. Mr. Crockford, a Leading Ambulanceman at the Thame depot was winner of the Attendants Cup and competed against finalists at the All England Final which took place at Stoke Mandeville Hospital. Whilst not being the winner of the final, Mr. Crockford secured a high placing and is a credit to the service.

Location of Stations and Establishment

Location	Vehicles		Staff	
	Ambulances	Sitting Case Vehicles	Driver/ Attendant	Leading driver
Oxford City	12	14	44	7
Banbury	6	5	20	4
Bicester	2	1	6	1
Chipping Norton	2	1	6	1
Crowmarsh	1	–	2	–
Henley	2	3	7	1
Thame	1	1	4	1
Witney	2	1	6	2
Spare Vehicles	4	1	–	–
Total	32	27	95	17

General

The radio surveys, commenced during the latter part of 1971, continued during the early part of the year. It soon became apparent that sites which were suitable for the existing low band equipment were totally unsuitable for the new high band. Numerous different sites were tested before suitable locations were found. Nine manufacturers were invited to undertake surveys, but of these only five submitted quotations for the supply of new equipment. After careful consideration of the problem, the committee decided to place the order with the Motorala Company and this equipment will be installed by the end of March 1973.

Modifications to the Road Accident Emergency Scheme, introduced last year, have taken place. The Ambulance Service, instead of the Police, are now responsible for initiating the call-out of doctors to accidents, a procedure that is working quite efficiently.

Meetings have taken place between the three emergency services, Police, Fire and Ambulance, followed by meetings and tactical exercise of all services, that would be involved should there be a major accident anywhere in the Thames Valley Police area. A scheme has now been agreed, and the procedures laid down will be applicable whether the major accident occurs in Oxfordshire, Buckinghamshire or Berkshire; this must lead to a more efficient method of dealing with a crisis.

The visits to Central Control by school children, nurses, medical students and youth organisations continue to be a great success. During the past year a new venture has been started. Following the visit by the nurses of the accident department, they now spend one day on an ambulance observing what happens to a patient before arrival at hospital. In return, two ambulancemen each week spend Saturdays in the Casualty Department so that the medical staff can explain, and they can observe, what happens to their patients after they have taken them to hospital. This exchange of knowledge is most beneficial to all concerned. Medical students have now requested that the facilities be offered to them.

Patients carried and mileage travelled

Demands upon the service continue to increase, but work allocated to the Hospital Car Service and contract cars shows a reduction in patients carried, whilst mileage travelled shows an increase. This is because the Education Department have undertaken the supply of transport for the mentally handicapped children attending special schools in Banbury and Witney, leaving the Ambulance Service to provide transport for those attending the Wheatley and Borocourt centres and the special schools in Reading, Oxford, Witney, and Abingdon. Since the transport of mentally handicapped children was also used for the adults attending adult training centres; and since the Ambulance Service is still responsible for the organisation of transport to the adult training centres at Banbury and Witney, this explains why their mileage does not show a similar reduction.

Table I shows the work carried out during the year, Table II shows a comparison of work over the past six years, while Table III is a comparison of work undertaken for Education and Social Services Departments during the past four years.

TABLE I

Quarter 1972	Ambulance		Sitting Case		Ambulance Service Vehicles Sub Total		Hospital Car Service Vehicles		Contract Car Vehicles		H.C.S. & Contract Hire Vehicle Sub Total		Gross Totals	
	Pats.	Miles	Pats.	Miles	Pats.	Miles	Pats.	Miles	Pats.	Miles	Pats.	Miles	Pats.	Miles
March	16,325	131,585	26,894	96,784	43,219	228,369	17,196	205,359	24,407	186,997	41,603	392,356	84,822	620,725
June	16,255	132,927	27,999	99,663	44,254	232,590	17,016	204,920	23,179	187,460	40,195	392,380	84,449	624,970
September	15,726	129,983	26,518	93,634	42,244	223,617	14,881	183,085	17,837	172,779	32,718	355,864	74,962	579,481
December	16,713	134,622	28,562	95,976	45,275	230,598	15,616	186,799	21,196	188,737	36,812	375,536	82,087	606,134
Total	65,019	529,117	109,973	386,057	174,992	915,174	64,709	780,163	86,619	735,973	151,328	1,516,136	326,320	2,431,310

TABLE II

Year	Ambulance Service		H.C.S. & Contract Car		Gross Total	
	Patients	Miles	Patients	Miles	Patients	Miles
1967	166,464	870,177	144,190	1,296,432	310,654	2,166,609
1968	172,323	873,961	137,383	1,268,133	309,706	2,142,094
1969	172,509	887,008	137,280	1,234,641	309,789	2,121,649
1970	147,516	825,151	137,300	1,294,007	284,816	2,119,158
1971	166,950	913,639	155,402	1,444,713	322,352	2,358,352
1972	174,992	915,174	151,328	1,516,136	326,320	2,431,310

TABLE III

Year	Persons conveyed for Education and Social Services Departments	Mileage Involved
1969	79,308	536,052
1970	76,967	573,846
1971	89,146	655,995
1972	84,064	669,838

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

Health Education

Miss B. Gange, health visitor for health education services, reports :

"The health education services which were increased in 1971, were consolidated in 1972 with more specific expansion in family planning, school health education, and the equipping of health visiting staff with material for health education projects. Many and varied were the calls for health education advice.

Quarterly meetings with the Nursing Officers from the three areas were held to establish priorities for future poster campaigns and health education. Their contribution has been most helpful, and has brought in fresh ideas.

Audio Visual Aids to Health Education – loans service : The demand for teaching material grew considerably. A library system of recording loans was inaugurated to facilitate record-keeping and to measure demand. Requests for reference books also increased. Area Nursing Officers are now planning small reference libraries on an area basis.

The Medical Recording Service has supplied useful cassettes and slide series for staff refresher sessions.

Advice and materials for a wide number of health education topics have been supplied to a variety of health educators – general practitioners, health visitors, nurses, midwives, teachers, health inspectors, first-aiders, playgroup organisers, and students.

Health Education Appreciation and Ginger Groups : Several were held, with useful discussion ensuing.

A number of courses in projection techniques were run with the kind co-operation of the Audio-Visual Aids Centres.

'Health Education News' : This was circulated monthly, and was widely used and appreciated by members of the staff.

Ten Film Shows were arranged to review new health educational films. Where relevant, workers, from other departments, such as Social Services and Education, were invited to attend.

The field workers' lunches at Banbury and Bicester provide a forum for discussion and inter-change of ideas. A very useful discussion arose about family planning advice for young people after a talk on family planning by Dr. Corrie at the November lunch meeting at Bicester. From this came the request for information on the sexually transmitted diseases.

First Aid : A four session course on 'Life Saving First Aid' was again run at Gosford Hill Adult Education Centre, Kidlington, and short courses for teachers were provided on request.

Home Safety : The Bullingdon Rural District Council Home Safety Committee have maintained their campaign, with health inspectors giving a number of talks. Competitions were held in local schools, and a number of prizes given. Local health visitors and Miss Gange attended Committee meetings and offered advice and suggestions.

A Home Safety Display was put on by Banbury health visitors in conjunction with the Exhibition of Aids for the Handicapped. In addition a large number of home safety leaflets and posters have been supplied to child health clinics, schools and organisations.

A club for unmarried mothers run by one of our health visitors in conjunction with a social worker is providing useful education in general and mental health.

Posters have been supplied quarterly to child health clinics and health centres, and health education displays have been set up at Carterton Health Centre. Topics have been : 'Learn to Swim'; 'Dangers of Smoking in Pregnancy'; 'Fireworks'; 'Make it a Safe Christmas'; 'Guard all Fires'.

Buckley display stands were supplied to improve display facilities in a number of child health clinics.

A Pre-Retirement Course has been run by the Sonning Common G.P. practice team.

Slimmers Groups have continued to be popular in four areas. These also provide a useful forum for health education.

Miscellaneous : Talks on various health aspects have been given to youth organisations and women's groups by local health visitors and Miss Gange".

Occupational Therapy

There has been an increase in establishment from four occupational therapists to five during 1972. This increase in staff has in no way reduced the individual work load as the number of new referrals and visits has risen considerably, and the visits per patient remain at an unsatisfactory level. However, we have been able to see 442 more patients than last year.

The industrial work groups at Banbury, Bicester, Chipping Norton, Henley and Witney have continued to run for one day a week throughout the year, but the supply of work to the Banbury and Bicester groups is very spasmodic and since the middle of the year, has not been available.

From Tuesday, 22nd August, to Thursday, 24th August, a display of Aids for the Disabled was mounted at the Town Hall in Banbury. This display is presented by the Central Council for the Disabled and is staffed by the Council's own occupational therapists. The display concerned all aspects of Aids to Daily Living with the object of informing the disabled and those caring for them, both professional and otherwise, of the aids available and where they can be obtained. It was well attended, mostly by professional members of community care, although some disabled people and their relatives did come. The general opinion was that it was most informative.

We have continued to take district nurse students out on observation visits.

Statistics

Total number of visits	3914
Total number of patients	1770
Aids for Daily Living Referrals	1726
Work Group – Centres	5
Work Group – Sessions	217
No. of patients attending groups	88
Total attendances at groups	2822
Old People's Homes visited	5
Total visits	14
Total earnings at Industrial groups	£393.60
Sales at Retail Shop	£454.40

Family Planning

The Family Planning Association ceased to act as agent for the County on the 31st December, 1972. Thereafter, former F.P.A. clinics in Oxfordshire, and that part of North Berkshire which will be included in the new health area 33, is being managed directly by the Oxfordshire County Council as a new County Family Planning Service. Mr. J. N. V. Currie, the administrator of the Oxford Regional Branch of the Family Planning Association, who has transferred to the health department as administrative officer for the direct service, reports as follows :

Clinics

Town	*Place*	*Times*
Banbury	Horton General Hospital Maternity Wing	Wednesdays 2 – 4.30 p.m. and 5 – 7.30 p.m.
Banbury	Bradley Arcade Surgery Bretch Hill	Mondays 2 – 3.30 p.m.
Berinsfield	Health Centre and domiciliary	Monthly, as arranged
Bicester	County Health Clinic, Old Place Yard	Wednesdays 6 – 8.30 p.m. 1st Friday each month 2 – 3.30 p.m. 2nd and 4th Thursdays each month (IUD) 2 – 4 p.m. Young People's Session 1st Monday each month 5.30 - 7 p.m.
Bicester	Families Medical Centre Ambrosden (Army Camp)	Thursdays 4 – 6.30 p.m.
Chipping Norton	War Memorial Hospital Out-patients Department	1st Friday each month 2 – 3.30 p.m. 3rd Friday each month 5.30 – 7 p.m.
Henley-on-Thames	The Health Clinic York Road	Wednesdays 2 – 4.30 p.m. 2nd and 4th Mondays 6.45 – 9 p.m. 2nd and 4th Tuesdays 9.30 a.m. – 12 noon
Kidlington	Health Centre Oxford Road	Mondays 7 – 9.30 p.m. 1st Monday each month 2 – 4 p.m.
Thame	Victoria Cottage Hospital Out-Patients Department	Wednesday, 7 – 9.30 p.m. 3rd Tuesday each month 9.30 – 11.30 a.m. 4th Monday each month (IUD) 7 – 9 p.m.
Witney	Nuffield Health Centre Welch Way	Wednesdays 5 – 7.30 p.m. 1st and 3rd Mondays 1.30 – 4 p.m. 2nd, 4th and 5th Mondays 5 – 7.30 p.m.

In addition to these clinics, a number of County residents attend clinics at :

(a) High Wycombe and Marlow – run by the F.P.A.

(b) Reading – formerly run by the F.P.A., but now by Reading C.B.C.

(c) Abingdon, Didcot and Wallingford – formerly run by the F.P.A. but now by the County Family Planning Service.

(d) Oxford City (8 clinics and 2 Young People's Advisory Services) run by the City of Oxford Health Department.

(e) John Radcliffe Hospital, Oxford – run by the Oxford Department of Obstetrics and Gynaecology.

Statistics (Clinics in Oxfordshire including Henley)

	1971	*1972*
Number of clients treated	3494	4228
New clients	1464	2196
Total client visits	9031	12192
Doctor sessions held	636	954
Average no. of clients per doctor session	14	13
These figures include fitting I.U.D. and counselling Young People		
No. of clinics in use throughout the year	8	10

Age at first visit of new clients (shown as a percentage)	*1971*	*1972*
Under 20 years	14	14
20 – 24 years	31	32
25 – 29 years	26	28
30 – 34 years	16	15
35 and over	13	11

Number of pregnancies before first visits (shown as a percentage)

0	26	30
1	21	12
2	34	36
3	14	14
4 and more	5	8

Cervical Smears

Taken	702	807
Positive	2	3

It is evident from the above figures that the County Family Planning Service provides for only a proportion of the population at risk of unplanned and unwanted pregnancies. Many women with medical needs are treated by general practitioners under the National Health Service, and other healthy women as private patients. In addition, hospitals provide limited family planning services, and carry out many terminations and sterilisations. Sharing of the work between all these sections will depend on preferences of individual clients, economic advantages of one or other choice, and the nature of the services offered.

Family Planning is a rapidly growing and changing branch of the health service. As long ago as 1967, the Family Planning Association announced as its policy support for direct management of clinics by the local authorities. In Oxfordshire in 1972, the fact that direct services were available in the County Boroughs of Oxford and Reading, and in part of the County of Berkshire, led to plans for an amalgamation of the Oxford and Chilterns Branches of the Family Planning Association, probably based on Reading. The need, however, for a local headquarters in Oxford was clear, and accordingly arrangements were made for a direct service in which Oxfordshire acts as agent for part of North Berkshire.

Although the Family Planning Association will no longer provide clinic services, it will still be in a good position to carry out pioneering work in such matters as field trials, training of staff and health education. In 1973, the link between the Family Planning Association and the County Family Planning Service will be under discussion. In the meantime, it is a pleasure to acknowledge the debt of the present service to the Family Planning Association, which has pioneered clinics and established high standards of care. In particular we welcome the present clinic voluntary workers, whom we hope will continue to serve in the clinics of the new service.

Further changes are expected in 1973. There are obvious needs for local training facilities and for consultant back-up of clinical work. More remotely, the difficult task of assessing and monitoring the whole service will need to be undertaken. Eventually, the facts and figures of medical advances in this field, and the very large social implications of such work, will form the raw material of an important section of health education.

Cervical Cytology

Three clinics are now being held throughout the County, as can be seen in detail in the accompanying table. The number of new patients is relatively small. This is due largely to the fact that so many women have their first smear taken at a post-natal examination or by the Family Planning service. Some years ago the County agreed to provide a back-up programme to relieve the congestion in the gynaecological out-patient departments and family doctors' surgeries. As a result, those patients who were first seen at the hospital, the family planning clinics, or their own doctors' surgeries, are now attending our clinics for the repeat examinations.

Almost every publication dealing with the subject of cervical cytology draws attention to the fact that there is a hard core of patients, mainly in the social class V, who will not attend despite being in the highest risk group. There can be little doubt that a great deal more health education and persuasion will be required if this group is to accept the examination.

The relaxed and informal atmosphere in the clinics is maintained as far as possible, and special care is taken to ensure that not too many patients are called. This arrangement ensures that patients feel free to discuss gynaecological or any other problem with the clinic doctor, an aspect of the work that is especially important in the case of women in 40-60 age group, who often have menopausal or marital difficulties.

At the end of 1972 the recall system was changed slightly, on the advice of the Clinical Cytologist. Now, all patients are seen every three years; but when a woman aged over 50 attends for the first time, she is seen the following year. There is no recall for patients under the age of 35, but they are asked to attend again for subsequent three-yearly examinations when they reach that age.

CERVICAL CYTOLOGY – 1st January – 31st December 1972

	Oxfordshire County Council Clinics					City of Oxford	General Practitioners'	Total
	Henley	Thame	Witney	Others	Total	Total	Total	
Attendances	536	250	401	35	1222	830	769	2821
	532 negative 1–Cone biopsy-now on radium treatment. 4–Still being followed-up 1–Failed two appointments for follow-up 1–now negative	All negative	All negative	All negative		828 negative 1–Cone biopsy-hysterectomy 1–now negative	762 negative 3 G.P. following-up 1–Cone biopsy 3 False positives	
Social Class	%	%	%	%	%	%	%	%
1	122 22.8	18 7.2	42 10.5	– –	182 14.9	46 5.5	39 5.1	267 9.5
2	127 23.6	39 15.6	86 21.4	9 25.7	261 21.4	76 9.2	84 10.9	421 14.9
3	180 33.6	99 39.6	165 41.1	18 51.4	462 37.8	354 42.7	492 64	1308 46.4
4	18 3.4	6 2.4	13 3.3	1 2.9	38 3	9 1	18 2.3	65 2.3
5	3 .6	3 1.2	– –	1 2.9	7 ,6	– –	2 .3	9 .3
Not stated/retired	86 16	85 34	95 23.7	6 17.1	272 22.3	345 41.6	134 17.4	751 26.6
Total	536	250	401	35	1222	830	769	2821
Age groups 24 and under	35 6.5	1 .4	– –	2 5.7	38 3	57 6.9	173 22.5	268 9.5
25 - 29	37 6.9	7 2.8	8 1.9	3 8.6	55 4.5	46 5.5	137 17.8	238 8.5
30 - 34	35 6.5	12 4.8	19 4.7	3 8.6	69 5.7	61 7.4	108 14.0	238 8.5
35 - 39	80 15	25 10	58 14.5	2 5.7	165 13.5	111 13.4	103 13.4	379 13.4
40 - 44	89 16.6	21 8.4	74 18.5	7 20	191 15.6	108 13.0	96 12.5	395 14.0
45 - 49	73 13.6	43 17.2	44 11	3 8.6	163 13.3	116 13.9	65 8.5	344 12.2
50 - 54	91 17	65 26	90 22.4	9 25.7	255 20.9	169 20.4	48 6.2	472 16.7
55 - 59	53 9.9	30 12	58 14.5	5 14.2	146 12	91 10.9	23 3	260 9.2
60 and over	43 8	46 18.4	50 12.5	1 2.9	140 11.5	71 8.6	16 2.1	227 8
Total	536	250	401	35	1222	830	769	2821

Analysis of social classes (Oxfordshire Sample Census 1966): Social class 1 - 15.8%, Social class 2 - 33.3%, Social class 3 - 15.4%, Social class 4 - 21.5% Social class 5 - 6.7%, Armed Forces and inadequately described – 7.4%

Marie Curie Memorial Foundation
The Chief Nursing Officer has continued to draw on the funds made available by the Foundation and during the year £288.28 has been spent on persons in need.

Medical Loan Depots
The British Red Cross Society have continued to provide articles on loan from their medical loan depots in various parts of the County. Some articles are loaned free, while a small charge is made for others. During 1972, 488 articles were loaned for County patients.

The St. John Ambulance Brigade have provided articles on loan from their medical loan depots at Banbury, Charlbury, and Shipton-under-Wychwood, A small charge is made for the loan of these articles.

Domiciliary structural alterations and nursing aids
Each year more requests are received for help from members of the public, general practitioners, health visitors, nurses, and hospital staff, for different forms of domiciliary assistance, with the objective of expediting the discharge of patients from hospital or making their admission to hospital unnecessary. Often the help is provided in close association with the hospital staff to enable the health care to be continued and transferred from the hospital to the home. This form of treatment and care is assuming increasing importance, and experience is being developed of the ways in which technical devices, formerly associated only with hospital use, can be adapted for domiciliary purposes.

Renal Dialysis
Financial grants are made available to enable renal dialysis machines to be installed in patients' houses when required. In order to avoid delays in installation, a simple working arrangement has been agreed whereby the Hospital Board undertake the work, and the Council underwrite that part of the financial commitment which is their responsibility.

Fluoridation of Water Supplies
(a) *Witney area*
Fluoridated mains water was made available from the 10th January, 1972, to the inhabitants of the Witney Urban District and a large part of the surrounding Witney Rural District. The total amount of fluoride in the water supply was gradually built up from a dosing of 0.8 parts per million to 1.0 part per million; the latter proportion is now constant.

Samples of water are tested for fluoride content by the County Health Department using the Palin Colorimetric methods, and over the year 62 such samples, taken from various points on the distribution system, have been examined. In addition, 37 samples have been submitted to the Public Analyst as a further check.

It will be appreciated that the Oxfordshire and District Water Board, as the water supplying authority, also undertake daily sampling and that close liaison is maintained between officers of the Water Board and the Health Department upon all aspects of the fluoridation.

(b) *Henley area*
There was considerable disappointment in 1972 due to the fact that, although the residents of South Oxfordshire requested fluoridation of their water supplies, and the Oxfordshire County Council were prepared to meet the necessary expense, Berkshire County Council vetoed the scheme on the grounds that about 80 of the properties to be supplied with the fluoridated water were in the Wokingham district. Enquiry showed that the majority of residents in those properties were not opposed to the scheme, nor was the Wokingham Rural District Council. The Thames Valley Water Board were prepared to instal the necessary equipment. No financial contribution or involvement from Berkshire was requested.

It is remarkable that, in a democratic form of government, a situation such as this can arise, whereby improvement of the health of children in Oxfordshire can be prevented by a neighbouring county which is scarcely even involved in the issue.

(c) *North West Oxfordshire*

There was further disappointment in the delay in introducing fluoridation in North West Oxfordshire. It had been hoped that fluoridation would have been in operation in 1972, but for technical reasons its introduction has been delayed.

Chiropody service

In 1971 it was decided that the administration of the chiropody service should be transferred from the voluntary organisations to the County Council. In 1972, a chief chiropodist and a full-time chiropodist were appointed, and the Committee agreed to a policy whereby, if possible, the future service would be provided by full-time chiropodists. It is envisaged that the County will be divided into four areas, each with an area chiropodist and a senior chiropodist. The chiropodists will work from health centres and health clinics, but patients living outside the reach of such premises will be seen by a chiropodist working from a mobile clinic. The first mobile clinic is now in operation, and experience of its use will decide whether more mobile clinics are required. The main difficulty will undoubtedly be to recruit full-time chiropodists to the service, at a time when the financial rewards of private practice greatly exceed those of public service. Until such time as full-time chiropodists can be recruited, the present policy of employing state registered chiropodists on a sessional basis will be continued.

Chiropody services are provided from the following premises :

Banbury :	In addition to the sessions provided by Mrs. Crook in her own surgery, two sessions a week are held at the Neithrop Clinic.
Berinsfield :	One session a month is held at the Berinsfield Health Centre.
Bicester :	Two sessions a week are held at the Bicester Health Clinic.
Carterton :	One session a week is held at the Carterton Health Centre.
Chipping Norton :	One session a week is held at the Chestnuts.
Henley :	Two sessions a week are held at the Henley Health Clinic.
Kidlington :	One session a week is held at the Kidlington Health Centre.
Thame :	One session a week is held at the Thame Health Centre.
Witney :	Two sessions a week are held at the Nuffield Health Centre.

Chiropody clinics are also provided in association with voluntary organisations in the following villages :

British Red Cross Society

Adderbury, Bampton, Begbroke, Bicester, Burford, Chalgrove, Clanfield, Fewcott, and Ardley, Filkins, Fringford, Garsington, Goring, Goring Heath, Hailey, Hethe, Hook Norton, Islip, Kingston Blount, Kirtlington, Minster Lovell, Northmoor, Old Marston, Sonning Common, South Stoke, Standlake, Stoke Row, Tetsworth, Tiddington, Watlington, Wheatley, Woodcote, Yarnton.

Age Concern

Ascott-under-Wychwood, Beckley, Benson, Bletchingdon, Bloxham, Charlbury, Chinnor, Churchill, Clifton Hampden, Deddington, Dorchester, Enstone, Ewelme, Eynsham, Forest Hill, Freeland, Fritwell, Great Milton, Long Hanborough, Heyford, Horspath, Kingham, Leafield, Littlemore, Milton-under-Wychwood, Northleigh, Sandhills, Shipton-under-Wychwood, Sibford, Stanton St. John, Wardington, Woodstock, Woodstock Ryegrass, Wootton.

Women's Royal Voluntary Service

Banbury, Great Haseley.

MENTAL HEALTH

The Health Department is accountable for some responsibilities for community mental health services in accordance with the Mental Health Act, 1959, although executive and administrative functions have been transferred to the Social Services Department of the local authority.

Duties under the following sections of the Mental Health Act, 1959, were carried out during the year :

Sections 14 to 18	Registration of (mental) nursing homes under the Public Health Act, 1936, Special provisions as to registration and conduct of mental nursing homes and nursing of patients. Continuance of special registration.
Section 28(2)	Recommendation for an application of the admission of a patient under Part III (compulsory admission to hospital and guardianship) shall be given by a practitioner approved by the local health authority.
Section 28 S.I. 1960 1241	The maintenance of a register of Approved Medical Practitioners to carry out duties in accordance with the Mental Health Act.

Medical functions and clinical duties were continued by the Medical Officers of this department on behalf of the Social Services and Education Departments. The clinical duties involved medical examinations and inspections of mentally handicapped children and adults in the special schools and adult training centres.

The involvement of the Health Department in its responsibility for the health of all children continued during the year. The Education Department is notified of those children with serious mental (or other) handicaps, on reaching the age of two years.

The Health Department, in liaison with hospital and general practitioner services, undertakes the following responsibilities :

(a) Provides special equipment through occupational therapy services, and special housing through the District Medical Officer of Health.

(b) Reviews educational progress by regular meetings with representatives of the Education and Social Services Departments.

(c) Arranges admission to hospital for further investigations or short-term care, providing relief to parents.

(d) Advises the Social Services Department on medical fitness for admission to hostels for the mentally handicapped.

(e) Advises on transfer of children from special schools to adult training centres.

(f) Advises the Social Services Department on medical fitness for placement at adult training centres, hostels and group homes, in relation to the mentally handicapped and mentally ill.

(g) Provides medical advice appropriate to the employment of the mentally handicapped and mentally ill.

A local authority doctor, acting as a member of the Employment Medical Advisory Service, renders appropriate medical service and advice for the adult training centres which must be registered under the Factories Act, 1961.

ADVICE TO SOCIAL SERVICES DEPARTMENT

On the nursing side, health visitors are able to discuss families with social workers where there is a common interest, and senior nursing staff meet their opposite numbers in the Social Services Department to discuss matters of more common interest. On the medical side, special arrangements for mentally handicapped children under the Education Act, 1944, are described elsewhere. In addition, one senior medical officer is responsible for giving general medical advice to the Social Services Department. The range of topics has included :

Babies :	adoption, and those at risk of injury from parents.
Children :	health checks would-be minders or foster parents.
Children :	redrafting of local authority requirements regarding nurseries and child minders.
Old Persons :	survival kit against hypothermia.
Old Persons' Homes :	draft report forms for inspections of homes by medical officers.
Old Persons' Homes :	safety of drugs.
Old Persons' Homes :	points scheme for assessment of total work load due to handicaps of residents.
Old Persons' Homes : (private)	alternative registration as nursing homes.

INFECTIOUS DISEASES

The notification of infectious diseases indicate that 1972 was a healthy year. The number of recorded cases of measles is the lowest since immunisation was introduced. It is to be hoped that this infection, which not uncommonly leads to chest and middle ear complications, will become very infrequent in the future.

One case of tetanus was notified in a woman aged 69. It was thought that she had not been immunised, and that the infection may have resulted from gardening.

Notifications of infectious diseases 1972

Diseases	URBAN DISTRICTS								RURAL DISTRICTS							TOTALS FOR ADMINISTRATIVE COUNTY
	Banbury Borough	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames (Borough)	Bicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullingdon	Henley	Ploughley	TOTALS FOR COMBINED RURAL DISTRICTS	
Measles	6	–	7	16	4	4	–	37	5	19	49	35	44	24	176	213
Dysentery	1	–	–	–	–	–	1	2	–	3	1	2	6	–	12	14
Scarlet fever	1	–	–	–	2	–	–	3	–	1	11	2	2	6	22	25
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute meningitis	–	–	–	–	1	–	–	1	–	–	–	2	–	2	4	5
Acute poliomyelitis :	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paralytic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Non-paralytic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Smallpox	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ophthalmia neonatorum	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Anthrax	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Yellow fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute encephalitis																
Infective	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1
Post-infective	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Leptospirosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paratyphoid fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Typhoid fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Food poisoning	–	–	–	–	3	3	–	6	1	2	–	5	8	3	19	25
Whooping cough	3	–	3	–	–	–	–	6	1	–	–	–	–	–	1	7
Tetanus	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1
Infective jaundice	4	–	–	–	1	6	2	13	6	1	3	13	6	5	34	47
Tuberculosis:																
Respiratory	5	4	–	3	3	1	2	18	3	2	2	9	4	2	22	40
Meninges & CNS	–	–	1	–	–	1	–	2	–	–	–	–	–	–	–	2
Other	4	–	–	–	–	–	1	5	–	–	2	1	2	–	5	10
Glandular fever	–	–	–	–	1	–	–	1	–	–	–	17	11	–	28	29
Malaria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Tuberculosis

I am indebted to Dr. J. M. Black, Consultant Chest Physician, for the following report :

"An analysis of the new notifications of tuberculosis, derived from the weekly returns of the two Combined Districts of Oxfordshire shows the disease distribution.

New notifications of tuberculosis 1972

Ages	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
0-14	1	4	0	1	6
15-44	10	6	1	3	20
45-64	7	4	0	2	13
65+	11	3	1	1	16
All ages	29	17	2	7	55

The total number of new notifications similarly derived during the past ten years is shown as follows :

Year	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
1963	41	30	3	8	82
1964	53	38	0	4	95
1965	43	31	8	2	84
1966	45	31	3	6	85
1967	39	31	4	6	80
1968	36	19	2	4	61
1969	42	15	2	9	68
1970	26	26	2	4	58
1971	32	23	5	4	64
1972	29	17	2	7	55

When one considers the increase in population in Oxfordshire over the years, there is a definite downward trend in the incidence of tuberculosis, but the number of cases is still substantial and warrants maintenance of vigorous procedures – namely, careful contact checking and other preventive measures. The good liaison which exists between health visitors, chest physicians, medical officers of health and general practitioners must continue. G.P. x-ray referral units are most important in the detection of tuberculosis and other diseases and so must be maintained.

Deaths

Thirteen patients with tuberculosis died during the year; ten were over sixty-five and three between forty-five and sixty-five. They all died of causes other than tuberculosis, although in two cases the damage to their lungs due to tuberculosis contributed considerably to their death.

Service provided by the Department of Chest Diseases
A very wide spectrum of chest problems is investigated by the department and a considerable area is served, the patients coming not only from Oxfordshire and Oxford City but also from adjacent counties including North Berkshire.

The main chest clinic is situated in the Churchill Hospital but peripheral clinics are held at the Witney Health Centre and at Abingdon Hospital.

Separate chest services based on Banbury and Reading cover the extreme North and South zones of Area 33.

In December 1972, Miss Haslam who is the liaison health visitor for the chest services in Oxfordshire, extended her duties to cover North Berkshire on the retirement of Miss Almblad, her opposite number in that area. Thanks are expresssed to the two authorities for agreeing to this arrangement. Co-operation between health visitors and the chest service contributes considerably to the success of the service, and to patient and family care. Health visitors have consistently shown a most helpful attitude; and grateful thanks are expressed to all of them and to Miss Haslam in particular.

Department Report – Diseases of the Chest In-Patient Statistics
The following tables are extracted from the Annual Report of the Department of Chest Diseases (Oxford Area) 1972 :

	Ward 16		Main Ward		Totals	
	1971	1972	1971	1972	1971	1972
In hospital January 1st :	18	20	12	12	30	22
Admissions	655	672	140	141	795	813
Discharges (deaths included)	682	671	179	142	861	813
Tuberculosis	4	7	88	51	92	58
Neoplasm	349	282	34	21	383	303
Acute infections	47	21	9	19	56	40
Chronic bronchitis	51	73	5	16	57	89
Cardio-respiratory failure	37	69	10	10	47	79
Other heart and circulatory conditions	38	18	11	4	49	22
Asthma	50	69	3	2	53	71
Bronchiectasis	17	9	5	3	22	12
Sarcoidosis	2	2	0	0	2	2
Other conditions	68	93	12	15	80	108
Children – respiratory conditions	0	1	0	0	0	1
Thoracic Surgery	11	15	0	0	11	15
Tuberculosis	4	7	88	51	92	58
Other non-tuberculosis	329	389	57	70	386	459
Deaths :						
Tuberculosis	0	0	2	1	2	1
Non-tuberculosis	75	70	23	21	98	91
Beds available to chest department December 31st.	33	33	27	27	60	60

The in-patient figures show a striking fall in the number of patients with lung cancer from 383 to 303. This merely reflects a fall in the frequency of admissions for quadruple chemotherapy. Allowing for this, the total discharged was much the same.

Immigrants

Total attendances	83
X-rayed	33
Tine tested	83
Negative	53
Positive	29
Vaccinated	50
Notified	—

Tuberculosis in immigrants in this area is not a problem.

Mrs. Badawi and Miss Brinton, the two part-time Medical Social Workers in the Chest Clinic have kindly submitted the following report :

"We feel that our patients seem to have four main areas of anxiety :

1. *Depression* As some patients are ill for a long time they get depressed in not being able to contribute to the family income and in not having enough to do. We try to give them support and also help them to express their anxieties, as we feel that this is an important part of the work of the medical social workers in the chest clinic team.

2. *Housing* It is important for patients to have suitable accommodation as adverse conditions affect their health. The housing authorities are sympathetic and do what they can to help, but with the housing situation as it is in some areas, they are often powerless to do much.

3. *Financial* Long-term illness often brings with it a lowering in the standard of living, and many patients have particular problems with the cost of heating their homes.

4. *Work* It is often difficult for patients to find the kind of job they can do, and although the Disablement Resettlement Officer is most helpful, it is not always possible to provide suitable employment.

We have a good relationship with the health visitors who bring cases needing help to our notice, and without whom patients could not manage. The domiciliary occupational therapists, too, are vital people, enabling patients to be active and useful to the limit of their ability. We have also had a good liaison with the social workers in the County during the year. We are grateful to the Oxfordshire Care Committee who are most generous in their practical help for our patients.

On behalf of our patients, we would like to thank all those who have helped them and us during the past year."

Tuberculosis surveys

Three surveys were undertaken during the year, as follows :

1. A class of a primary school was checked when a 6 year old girl was notified and treated for primary pulmonary tuberculosis. She was not infectious, but was a contact of her mother who had active tuberculosis.

Thirty-one children were given Heaf tests, and of these two had positive reactions (with no prior B.C.G.). One had a normal x-ray and was given B.C.G. later. The other child was treated with anti-tuberculous chemotherapy as a precaution, as she was already having treatment for bronchiectasis and coeliac disease.

2. An infants' school was checked when an infant helper was found to have pulmonary tuberculosis.

113 children were given Heaf tests, all with negative results. Twelve staff were x-rayed, one of whom was followed up at the chest clinic, but no further cases of tuberculosis were found.

3. Investigations were carried out at a social club when one of the members was found to have active tuberculosis. The club bar and utensils were disinfected. The mobile x-ray unit visited the premises and 135 members were x-rayed. In addition, 76 children of families using the club were given skin tests. All results were satisfactory and no other case of tuberculosis was found.

Medical arrangements for long-stay immigrants

During the year a total of 105 immigrants were notified as having arrived in the area of this authority. They came from the following countries :

Commonwealth Countries

Caribbean	*India*	*Pakistan*	*Other Asian*	*African*	*Other*
5	14	–	–	38	23

Non-Commonwealth Countries

European	*Other*
7	18

No cases of tuberculosis were notified amongst immigrants arriving in this area during the year.

Venereal Disease

I am indebted to Dr. J. M. D. Gallwey, the Consultant Venereologist, for the following report :

"The total number of new cases attending the Department of Venereology at the Radcliffe Infirmary during 1972 rose to 2,697. This figure, which is 378 higher than the figure for 1971, represent an increase of 10%. This compares with increases of over 50% in 1971 and 1970 compared with the previous years and must be considered to be an improving state of affairs.

The incidence of early infectious syphilis has fallen by half but that of latent and late syphilis has remained constant. Of the six infectious cases five were in men and four acquired the disease by homosexual contact. The single female case was infected by her husband who contracted the disease abroad. Unfortunately, her infection occurred during pregnancy and her child was born congenitally infected. Early treatment, however, led to complete eradication of the disease without permanent damage.

The total incidence of gonorrhoea remained almost constant. The ratio of women to men, however, showed a significant rise and may represent improved contact tracing.

Once again there has been a considerable increase in non-specific genital disease. A total of 1,014 cases were treated against 752 in 1971, an increase of 35%. Non-specific genital disease now represents over a third of the total cases seen in the Department. Similar evidence of an epidemic situation is seen in the national figures. Once again it must be emphasised that non-specific genital disease is largely sexually transmissible, and it is only by examination and treatment of all the sexual contacts of the sufferer that the spread of the condition can be controlled. Much effort is expended by the medical staff, medical social workers and the contact tracer in encouraging patients to persuade their consorts to attend.

4% of male patients in 1972 were known to have acquired their infection by homosexual contact. This compares with figures of 60% or more at other clinics in England and Wales.

Medical staffing of the clinics has increased with Dr. Mainwaring joining Dr. Stephanie James, Dr. William White and Dr. Roy Spilling who have continued as clinical assistants in the Department.

Medical social worker cover at the clinics has continued to be limited and there have been several changes of workers over the year. It has always been thought that social medicine care is an integral part of the sexually transmissible disease service.

The City of Oxford has continued to provide a proportion of the services of a medical social worker for contact tracing, and the Oxfordshire County Health Department has seconded to the Department a health visitor as a full-time contact tracer. To Mrs. Balme and her successor, Mrs. Robards, must go the credit of the improved contact tracing figures during this year. They have also greatly reduced the burden of work on the medical officers and the social workers.

Workers from the clinic joined with others from all the centres in the Oxford Region in a useful study tour of clinics and research institutes in both London and Paris.

In 1973 it is proposed that the Department shall move to larger permanent quarters. This should enable efforts to be concentrated on improving the quality of service, expanding the undergraduate, graduate and nursing teaching, and increasing research projects in the speciality.

As always, thanks are due to the nursing, laboratory and administrative staff who cheerfully and efficiently work under the most difficult conditions."

Contact action and diagnoses

	1970		1971		1972	
	Male	Female	Male	Female	Male	Female
Syphilis						
1. Contact action taken	5	2	13	4	8	–
2. Contacts attending with syphilis	4	2	–	–	1	–
3. Contacts attending syphilis not diagnosed	–	–	5	3	3	–
Gonorrhoea						
1. Contact action taken	145	79	119	56	136	45
2. Contacts attending with gonorrhoea	29	50	46	44	39	14
3. Contacts attending with other conditions	80	203	120	102	69	67

	1968			1969			1970			1971			1972		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	4	–	4	3	–	3	8	1	9	7	2	9	8	–	8
Gonorrhoea	33	3	36	47	5	52	44	5	49	67	3	70	61	4	65
Other	151	15	166	196	22	218	334	26	360	511	45	556	603	39	642
Total	188	18	206	246	27	273	386	32	418	585	50	635	672	43	715

O = Radcliffe Infirmary, Oxford. R = Royal Berkshire Hospital, Reading. T = Total

ENVIRONMENTAL HYGIENE

FOOD AND DRUGS

Pasteurised milk

The County Council license three dairies to pasteurise milk. These dairies are visited regularly, and the following table is a summary of the milk samples obtained.

	Passed	Failed	Void	Total
Phosphatase test (for effective pasteurisation)	255	3	—	258
Methylene blue test (for cleanliness and keeping quality)	253	1	—	254

Of the three samples that failed the phosphatase test, two arose on milk heat-treated in a holder type pasteuriser, while the remaining failure arose on milk pasteurised in an H.T.S.T. plant.

Retail sale of milk

The County Council license dairies and other premises which offer milk for sale, and at the end of the year 220 dealers pre-packed milk licences were in force.

Untreated (tuberculin-tested) farm milk is available to the public from 18 farms and one shop; most of the farm milk is distributed locally to small semi-isolated areas of habitation.

Pasteurised milk is available from 12 different sources of supply. This number includes the three pasteurising dairies licensed by the County Council and 9 supplies from pasteurising dairies outside the County.

Cartoned Ultra Heat Treated milk, and bottled Sterilised milk, is widely offered for sale, but of the numerous sources of such supplies, none is produced within the County.

The following table is a summary of milk samples taken over the year from retailers premises, farms, etc:

Milk	Samples	Test applied				
		Phosphatase test		Methylene blue test		
		Passed	Failed	Passed	Failed	Void
Pasteurised	237	236	1	217	20	–
		Turbidity test				
		Passed	Failed			
Sterilised	16	16	–			
		Colony count test				
		Passed	Failed			
Ultra Heat Treated	21	19	2			
				Methylene blue test		
				Passed	Failed	Void
Untreated	45			31	12	2
Total	319					

Milk in Schools Scheme

All County Council schools receive pasteurised milk. Sample summary :

Supply	Phosphatase test		Methylene blue test			Total
	Passed	Failed	Passed	Failed	Void	
Pasteurised milk	37	–	34	3	–	37

Cream

Fifty-six samples of cream were submitted for bacteriological examination. There is no legal bacteriological standard for cream, the gradings used being based upon the laboratory reports in relation to the Ministry's Circular upon the Bacteriological Examination of Fresh Cream issued in 1971.

Cream Supply	Samples	Satisfactory	Fairly satisfactory	Unsatisfactory
Untreated cream	16	6	5	5
Heat treated cream	40	23	8	9
Totals	56	29	13	14

Biological examination of milk

On a monthly basis of sampling, a yearly total of 193 producer-retailer samples of untreated milk were submitted to the ring screening test for brucella abortus.

One herd (uncredited) gave a positive ring test and, following further selective tests and individual cow samples, one cow's milk upon biological examination was found to be positive to brucellosis.

Thirty-nine samples of untreated milk were submitted for biological examination. None proved positive to bovine tuberculosis but three were positive to brucella, and all came from the herd referred to above.

Section 2, Food and Drugs Act, 1955

(a) *Milk adulteration*

121 samples of milk were submitted for analysis. Four samples were found to be low in solids-not-fat and one sample had added water to the extent of 7.7% – a warning letter was sent for analysis; but although the milk proved chemically satisfactory the Public Analyst considered that, as the preparation had been submitted to a process which had removed some of the natural water, it was incorrect to describe the milk as being fresh. The matter was taken up with the producing dairy, and as they agreed to withdraw the product no further action was taken.

(b) *Cream*

Twenty-six samples of cream were analysed and four were found to be below the required standard of milk fat content. These contraventions were taken up with the dairies concerned.

(c) *Antibiotics*

Thirty-one samples of untreated milk and nine samples of untreated cream were tested for the presence of antibiotics, but none was found.

(d) *Complaints relating to bottled milk*

Twenty complaints were received. Most were dealt with by warning letters but three prosecutions were taken. A total of £145 in fines was imposed, together with prosecution costs of £22.50

RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944 - 71

Fourteen schemes of main drainage were submitted by the rural district councils for purposes of the above Acts. The cost of these schemes was estimated at £1,178,031, and following a technical examination of the proposals the schemes were approved.

The Motor Vehicles (Driving Licences) Regulations 1970

Medical advice is given to the licensing authority in relation to applicants for driving licences who are suffering from a condition which might disqualify them from holding a licence. The broad intention of the Regulations in regard to epilepsy is to allow licences to be granted, in suitable cases, to people with epilepsy who, on the basis of medical evidence have been free from attacks for at least three years, with or without treatment; or who have a history of attacks only during sleep for more than three years.

In 1972, 130 new applications were considered, of which eleven were refused. Sixty cases were reviewed and in all cases licences were reissued.

From April 1972 all the administrative services (including medical services) in respect of driving licences issued to those people living in Oxford City, were provided by the County Council.

School Health Services

No serious outbreaks of infections were reported during the year. There were however a number of notifications indicating an increasing incidence of verminous infestation, impetigo, and scabies in school children. The numbers of children now affected with these complaints give cause for concern. At one time it was thought that they were conditions of the past mainly associated with poverty. But today they are on the increase in an affluent society, and figures obtained from surveys undertaken in different parts of the country indicate that the number of verminous school children varies from one in seven to one in thirty. Impetigo and scabies are also reputed to be on the increase. These conditions basically represent problems relating to the family. The school nurses and health visitors can play their part, but it is essential for the whole family to become clean if freedom from infection is to be maintained. Infestation used to be uncommon in boys, but with the present trend for long hair it is obvious that their past immunity no longer obtains. Unfortunately the increase in the incidence of verminous infestation is coupled with reports of resistant strains of head lice. It is obvious therefore that hygiene and cleanliness inspections, which once were thought a thing of the past and almost an insult, will have to be re-introduced to meet the changing situation. Variations in health like this, dependent on fashions and mores, serve to stimulate an alert approach to the natural history of infections, in which both host and parasite can change from year to year.

The changes anticipated in the administration of the health services emphasise that the school health service is likely to be regarded more in the future as a part of child health dating back to infancy, than as a separate entity. It is true that the screening tests undertaken at child health clinics serve to detect the serious abnormalities well before school age. Nevertheless the fact remains that many children cease to attend the clinics after their second birthday, so that the period between two and five constitutes what have come to be referred to as the 'hidden years'. As a result it is found that about one child in nine attending school for the first time needs to be referred to a specialist for treatment for conditions other than vision and hearing loss. For this reason it is hoped that the routine medical examination of school entrants will always remain as a part of the school health services of the future.

Once the defects have been ascertained and corrected, it should be possible to maintain a high standard of health through a system of selective medical inspections from the general practitioner/school medical officers. Children requiring advice for special problems in school or for special educational treatment should be seen, as in the past, by a full-time school medical officer who is aware, not only of the relationship between handicap and education, but also of the services available from the schools which cater for particular handicaps. There is considerable variation in the services provided between different schools for children with similar handicaps, and it requires a knowledge of the school as well as the child and its handicap, to ensure that the best educational treatment is provided.

Reference has already been made to the increasing incidence of skin disorders in children. Defects of vision, hearing, and ear, nose, and throat, are also common. To prevent handicap from the first of these, vision tests on children are undertaken each year while they are at school, and a colour vision test is undertaken at eleven years. To guard against the remainder, the child's hearing is monitored by testing at seven months in the baby clinic, observation of speech during the toddler stage, and by audiometry tests at school. Children who are receiving special education for backwardness receive annual audiometric tests.

The majority of defects discovered at selective school medical inspections relate to psychological or educational problems which present difficulties in the school setting. The final examinations take place in the penultimate year at school, so that any condition which may require assistance from the Youth Employment Officer in job placement, can be referred to him well in advance of leaving school. Similarly, handicapped children who will go on to further education colleges and universities require medical reports before leaving school to ensure that continuity of supervision is subsequently maintained.

Educationally Subnormal Children

The numbers of educationally subnormal children continue to rise. In part this is due to the increase in the total population of the county, and in part to an increase in ascertainment, two new educational psychologists having been appointed during 1973. The policy is to provide special classes in the local schools as far as possible, since there is still only one residential school for educationally subnormal children, Woodeaton Manor. This school caters in the main for children who live in remote parts of the county where daily travel to the nearest special class would be too tiring, and for cases of special social need. Many of the children leave Woodeaton Manor at eleven or twelve years of age to attend one of the special classes in the neighbouring comprehensive schools.

The difficulties in finding suitable employment for the retarded school leavers remain serious – and will become more so. Farm work, which used to be a satisfactory solution for the boys, is now almost closed to them. The minimum wage of a farm labourer is now at a level which does not encourage a farmer to employ a dull boy, and much of the work on a farm is now automated and too difficult for the backward boy to handle. It is necessary to give more thought at national level for future generations of school leavers who are mentally and physically handicapped; it may well be that more sheltered workshops will be required for their needs.

Physically Handicapped Children

Throughout 1972 good liaison has been maintained between the Health Department, the consultant paediatricians and the family doctors. It also gives pleasure to report that day schools in the county are showing an increasing willingness to accept physically handicapped children, even those who are severely handicapped. The reasons are probably threefold. In the first place, teachers are better informed about handicapped children. They are therefore more willing to see the possibilities, and not dwell too much on the difficulties and dangers inherent in handling fragile children. Secondly, the attitude of the Department of Education and Science, with its local extension through the County Education Department, has been to advise and encourage schools to be more open to experiment in the teaching of the handicapped alongside the normal. And thirdly, provision under the terms of the Chroncially Sick and Disabled Persons Act has ensured that aids for the disabled are much easier to come by now. We have been greatly assisted in the policy of integration of handicapped children by the architects who have devised adaptations such as ramps, wider sliding doors, and special toilets. When the larger secondary schools have been similarly improved and provided with lifts, another major step forward will have been achieved. All to often a child who has been educated successfully in a local village school, built on one level, requires special schooling at eleven for structural reasons.

A considerable debt is owed to the National Children's Home for their tremendous help in accepting so many county children into Penhurst, a school for physically handicapped children in Chipping Norton. A number of handicapped children from the county are also accepted at the Ormerod School in Oxford City.

As regards the pre-school handicapped children, the policy is for the health visitors to give intensive help to the family during the first two years of the child's life, at which age the social worker takes over. Good liaison has been maintained with the Social Services Department, who provide much useful help to the families of the handicapped children.

SURVEILLANCE STUDY OF THE GROWTH AND NUTRITION OF ENGLISH SCHOOL CHILDREN

The Department of Health and Social Security has asked for the co-operation of the County Health Department in a national study to monitor changes in growth rates amongst junior school children. The study is being undertaken by Professor Holland of the Department of Clinical Epidemiology and Social Medicine, St. Thomas's Hospital, and its object is to advise on any steps that should be taken to detect possible harmful effects on nutritional state following the changes in provision of welfare milk, school milk and school meals, the entry into the Common Market, and any other environmental factors.

The basis of the study is to survey about twenty areas in England in such a way as to have approximately twice as many poorer areas as wealthier areas. In Oxfordshire the area that has been chosen is Witney as an average prosperity area, and it is hoped that about 200-300 primary school children will be seen each year from Tower Hill County Primary School. The study consists of measurements of height, weight, and thickness of skin-fold of the upper arm of the children; and a questionnaire on the child's health, history, and diet which is completed by the parents.

Arrangements were made by Mr. P. A. B. Best, the headmaster, and myself to explain the survey to the parents by letter and at a Parent/Teachers Association meeting. A statement was also given to the press.

The results of the first year's measurements have been tabulated as follows :

AREA 12		Height (cm)		Weight (kg)		Triceps Skinfold (mm)		Number of children
	Age Years	mean	s.d.	mean	s.d.	mean	s.d.	
Boys –	4	110.25	(5.04)	19.18	(1.08)	9.28	(2.43)	4
	5	111.67	(4.21)	18.73	(2.02)	10.05	(4.90)	15
	6	118.24	(3.93)	22.40	(2.97)	10.73	(5.30)	23
	7	125.79	(6.42)	24.73	(3.06)	9.73	(3.99)	26
	8	128.56	(5.13)	25.65	(3.45)	8.31	(2.25)	25
	9	135.95	(5.64)	28.80	(4.81)	8.79	(2.36)	20
	10	138.71	(8.04)	33.28	(8.94)	12.08	(5.43)	14
	11	135.10	(11.74)	31.16	(5.99)	11.28	(6.62)	10
Girls –	4	105.10	(2.56)	17.50	(1.28)	11.45	(2.45)	5
	5	110.77	(5.37)	18.83	(2.63)	11.45	(4.32)	24
	6	116.93	(3.91)	21.21	(3.53)	11.46	(5.04)	21
	7	124.13	(6.49)	25.97	(7.31)	15.25	(8.01)	26
	8	128.67	(3.99)	26.91	(3.07)	13.02	(4.39)	27
	9	134.66	(6.01)	28.77	(4.92)	12.39	(3.98)	22
	10	141.03	(5.76)	35.84	(8.34)	19.65	(9.88)	20
	11	143.68	(8.53)	36.47	(8.15)	15.65	(8.78)	14
						Total No. of children =		296

PERIPATETIC TEACHERS OF THE DEAF

The combined case load of the two peripatetic teachers of the deaf is 195. This number includes 21 children attending residential schools for the deaf and 17 attending partially hearing units in the City of Oxford.

The year saw a rise in the number of pre-school children known, or suspected, to have a severe hearing loss. There are now 14 of these children whose parents are receiving guidance from the hearing therapist at the Radcliffe Infirmary. The decison to allow the purchase of commercial earmoulds has been of great benefit, particularly for this group of children, who can now be given the benefits of amplification of sound with very little delay.

The peripatetic teachers have continued to make considerable use of the regular assessment clinics held at the Radcliffe Infirmary, where County children attending residential schools, partially hearing units, and ordinary schools are seen regularly for ear, nose and throat examination, assessment of progress in school and audiometric testing.

Co-operation has also been maintained with other services in particular the speech therapists, the audiometricians, and the child guidance clinic.

AUDIOMETRY

Routine audiometry has been carried out as usual in the County on the six year old age group. 148 schools were visited, and 5,545 children were tested. 230 (4.1%) failed the tests, and these children had full audiograms and were referred to their general practitioners. Sixteen children were kept under observation.

Woodeaton Manor, John Watson, Frank Wise, and Springfield Special Schools have been visited during the year, and visits have also been paid to the special classes in all the other schools. In all, 215 children were tested. Three (1.4%) failed the tests and had full audiograms, before they were referred to their general practitioners. Two were kept under observation.

518 special cases were referred by school medical officers, general practitioners, speech therapists, educational psychologists, and health visitors. These all had full audiograms. 140 (27%) failed and were referred to their general practitioners. Pre-school testing of four year old children has continued over the year, when such children have been referred.

6,278 children were tested from all categories. 383 (6.1%) failed, all of whom received full audiograms, and were subsequently referred to their general practitioners.

Statistical table for the past five years

Year	Routine visits to schools	Number of children seen	Specialist referrals	Total tested
1968	130	4735	188	4899
1969	129	4782	229	5011
1970	152	5466	376	6062
1971	155	5673	411	6297
1972	148	5545	518	6278

DENTAL HEALTH

Mr. T. Lucas, the Principal School Dental Officer, reports as follows :

"It is my pleasure to present my ninth Annual Report as your Principal School Dental and Chief Chief Officer. The following figures give a general picture of why we are now only able to inspect 64% of the school population each year against a realistic target of 88%.

Year	School Population	Children Inspected	Children Treated	Attendances	Dental Officers	Children/ Dental Officer
1966	36350	26572 (73% of school population	7028 (27% of those inspected)	16528	9.00 +1DA	1DO/4039
1967	38823	30011 (79%)	7910 (26%)	17452	9.00 +1DA	1DO/4314
1968	40817	32465 (79%)	8959 (28%)	18319	9.00	1DO/4535
1969	42439	29323 (69%)	8016 (27%)	16404	8.4 +1DA	1DO/5052
1970	44487	36256 (81%)	9293 (26%)	18573	9.00	1DO/4944
1971	48021	30406 (63%)	8566 (24%)	17408	8.00 +1DA	1DO/6003
1972	49300	31354 (64%)	9337 (30%)	21789	9.4 +1DA	1DO/5234

The school population has increased by 13000 since 1966, more parents are making use of our service (we are now treating 30% of those we inspect), and the dental staff has only increased by 0.4 in that time. This has set the pattern for the service in 1972. The mobile clinics are now taking from 13 - 18 months to visit their schools. When they get to a school there are more children to treat and the treatment takes longer because of the deterioration in dental health due to the infrequent visits. This further delays the programme unless a system of priorities is allocated among age groups and schools. In many areas parents do not seek treatment unless stimulated by the routine school inspection. I hope that the advent of another mobile clinic in 1973 will relieve the pressure as the present position is unsatisfactory for the patient and a cause of job dissatisfaction among dental officers. It is important to realise that the foregoing relates to the provision of basic dentistry and the repair of established disease. It owes nothing to what should be our main objective, the prevention of caries and periodontal disease. With advances in knowledge and technology, dentistry, like medicine, has become a service in which it is possible to justify countless procedures in the attempt to achieve a nebulous goal called health. If we really wanted to improve dental health in Oxfordshire, we could employ ancillary staff in all our clinics to apply fluoride solutions to children's teeth at six monthly intervals; we could employ teams of girls to visit all the primary schools and give the children fluoride mouth rinses once a fortnight, as is done in Edinburgh and Sweden. We could employ ancillary staff to apply plastic coverings to certain teeth and to carry out oral hygiene. To those parents who neglect the masticatory machinery and involve the State in costly repairs we could apply economic sanctions to encourage routine maintenance, as is done in many Scandanavian countries. There is a huge volume of expensive treatment being provided in the General Dental Services and in our Service for children whose parents do not even bother to see that they brush their teeth, and the usefulness of this treatment to the child in later life is in jeopardy. None of these measures are as simple and effective as adding a trace of fluoride to the water supply. In a county which approved the policy of fluoridation in 1963, the process of getting it into the water seems remarkably difficult to achieve and at the end of 1972 only children in the Witney area had the benefit of this provision. Unfortunately the children who will suffer as a result of Berkshire's veto of our

Henley fluoridation scheme are in no position to make the demonstration that seems to be more essential than reason in provoking action these days. They are not born yet. Why should any child have worse teeth than a child born in Witney or Birmingham or any other area with a trace of fluoride? Do the people that say that fluoridation is unnecessary because parents should control the amount of sweets that their children eat, really know how 90% of the population live? Do we really want to improve dental health among children? I am sure that the answer must be "Yes", but the crunch question is how far we are prepared to go to make this improvement. One of the most unenviable tasks of the new Area Health Authorities will be the determination of priorities in health care where quantitative analysis is not possible.

We had to allocate our own priorities for topical fluoride applications in 1972. The technique had received a great deal of publicity on television and in the press, and many parents were seeking this treatment for their children as it is not available under the N.H.S. Because of the staffing problems outlined earlier in this report we could not offer this treatment to children that were under the care of a N.H.S. dentist, but we did complete 2185 cases. Another interesting feature was the introduction of a service for mentally handicapped children at Kidlington. This has been organised by Mr. W. C. L. Bradshaw with the Department of Anaesthetics at the Radcliffe providing the anaesthetists. The only way to treat many of these children is with a general anaesthetic and Mr. Bradshaw is able to carry out all the necessary fillings and extractions in one visit. So far only the John Watson School has been included in this scheme but we hope to extend it to Witney and Banbury. With these children prevention is even more important as treatment produces problems, and dental health education of the parents and school staff are essential if the treatment is to be durable. It is a pity that we cannot provide fluoride tablets to the parents of handicapped children.

Dental Health Education is one of the many services we provide whose value cannot be measured on a quantitative basis. No one can tell whether it was Mr. Macefield's visit to his school that made Johnny Jones change his mind about biting his dentist, but Mr. Macefield's achievement in talking to over 31000 children last year on a class basis, together with his campaign with Pierre the Clown and the General Dental Council's Exhibition Trailer, must be having an impact on the attitude of parents and children to dentistry and must be contributing to the increasing demand for treatment in the County. His visits also encourage some schools to carry out dental health projects.

It is impossible to write a report for 1972 without commenting on Reorganisation. Each day we await, like the faithful at the foot of Mt. Sinai, for the tablets of wisdom in the form of HRC circulars to descend from on high. Gradually the picture becomes more clear – or does it? I myself have spent four weeks at Manchester University being thoroughly integrated at no little expense to the Department of Health and Social Security, and I no longer take off my cap when I speak to a consultant. It is probably on this personal interface that reorganisation will succeed or fail. If we can all communicate freely without the intervention of personal or administrative barriers then there is some hope that by 1984 all this effort will have been worthwhile. As far as Dentistry is concerned one of the main problems will be for the general dental practitioner to acknowledge that the profession has an obligation to the community, and not just to the patient that chooses to visit his surgery. We are fortunate in this area in that the Local Dental Committee has always tried to provide a full service, but the item of service method of payment does lead to difficulties when the individual practitioner considers that it is uneconomic to provide dentures, crowns or bridges, and I am not sure how Reorganisation will help this growing problem. The new Oxfordshire School Dental Service, run by the A.H.A. will be made up of our service, which is short staffed, Oxford City where there is one clinic and one dentist, and N.W. Berkshire where there is a newly developing service which is still short of staff and accommodation. It will not be a sinecure handling that situation, but I would hope that there will be no movement. of dental staff from Oxfordshire.

The new dental unit at Carterton Health Centre started in July and the internal arrangements of layout and design are first class. Our health centres are second to none and I shall miss the co-operation of our architects after 1974.

I was pleased to welcome three new members of staff, Mr. Nigel Kipps, B.D.S., who joined us early in the year and was promoted to Senior Dental Officer when Mr. Hoyle moved from Witney to take up a part-time appointment at Carterton; Mr. W. C. L. Bradshaw, B.D.S., L.D.S., V.U. Manc. who joined us in March as Area Dental Officer and his development of a service for the handicapped has already been mentioned; and Miss D. M. Langley, B.D.S., who filled a long standing vacancy in Mobile No. 2 in the Ploughley area and has tackled the volume of treatment and apathy with commendable industry. I cannot mention the rest of the staff or the many other people that give their assistance but, as in all previous years, I would ask you to look further than the statistics, and assure you that the 22852 visits for treatment from school children, pre-school children and nursing and expectant mothers have not been achieved without incident and effort."

DENTAL STATISTICS

Attendance and treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	5265	3556	516	9337
Subsequent visits	6767	4839	846	12452
Total visits	12032	8395	1362	21789
Additional courses of treatment commenced	477	277	42	796
Fillings in permanent teeth	3968	6937	1372	12277
Fillings in deciduous teeth	7198	518	–	7716
Permanent teeth filled	3310	6112	1252	10674
Deciduous teeth filled	6503	488	–	6991
Permanent teeth extracted	179	873	123	1175
Deciduous teeth extracted	3342	987	–	4329
General anaesthetics	574	273	21	868
Emergencies	454	279	67	800

Number of pupils X-rayed	936
Prophylaxis	3423
Teeth otherwise conserved	2287
Number of teeth root filled	137
Inlays	3
Crowns	24
Courses of treatment completed	8599
Children treated topical fluoride	2185

Orthodontics

New cases commenced during year	97
Cases completed during year	74
Cases discontinued during year	9
No. of removable appliances fitted	114
Number of fixed appliances fitted	–
Pupils referred to Hospital Consultant	28

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. of	–	2	–	2
F.L. (first time)	–	2	–	2
Pupils supplied with other dentures (first time)	1	19	7	27
Number of dentures supplied	1	24	10	35

Anaesthetics

General Anaesthetics administered by Dental Officers	–

Inspections

(a)	First inspection at school	
	Number of pupils	29084
(b)	First inspection at clinic	
	Number of pupils	2270
	Number of (a) + (b) found to require treatment	16884
	Number of (a) + (b) offered treatment	14877
(c)	Pupils re-inspected at school or clinic	1850
	Number of (c) found to require treatment	1141

Sessions

Sessions devoted to treatment	3391
Sessions devoted to inspection	253
Sessions devoted to dental health education	361

HEALTH EDUCATION

Miss B. Gange, health visitor for health education services, and Mr. C. A. P. Noseworthy, Health Education Adviser, report :

"For simplicity the description of the health education service may be divided as follows :

1. Advisory
2. Supportive
3. Information
4. In-Service Training

1. *Advisory*

(a) Advice on curriculum content, methods and media. Schools are particularly encouraged to develop an integrated programme which will meet the needs of its particular climate. It is suggested that this programme be structured to cover at least the first three years in secondary school. Such a programme puts health education in perspective and makes maximum use of the expertise and specialist knowledge of subject teachers. At present the subjects making significant contributions are : biology, home economics, the humanities, physical education, religious education. Throughout this programme the relevance and significance of the applications of the principles of healthy living are emphasised.

During the fourth and subsequent years, as the emotions develop, meaningful discussions on a variety of relevant topics, e.g. moral responsibility, personal relationships, sexually transmitted diseases, contraception, drug misuse, nutrition, occupational hazards, life saving first aid, etc., may be held by drawing upon the panoramic background built up in earlier years. During these years opportunities are provided for pupils to be "exposed" to visiting speakers. This enables them to have practice in communicating with strangers, as well as gaining knowledge. Many schools hold conferences for senior pupils – these are usually held after public examinations are over and so provide pupils, who have previously been fully occupied with academic work, with the chance to bring their knowledge on healthy living up to date. The health education advisers take part and also provide speakers and/or discussion group leaders.

(b) In order that an integrated programme may be compiled it is necessary for the specialist teachers involved to hold meetings to discuss and plan the areas which each will cover. A number of schools have co-ordinators who convene these meetings and who also maintain contact with the County Adviser.

2. *Supportive*

It is an unfortunate fact that many colleges and departments of education do not give health education the attention it merits. Consequently, young teachers, and for that matter many older ones too, are apprehensive. Under the circumstances the health education advisers become involved in the teaching programme. Assistance is given in most schools by health visitors who take a very active part in the teaching of child care and related topics. This is not an ideal situation – the pupils' own teachers are the best really – but at least it helps the pupils who would otherwise get nothing, and also demonstrates to the apprehensive teachers that it is not difficult, and that the pupils willingly co-operate. Every effort is made to help any teacher who expresses a need for assistance or who wishes to discuss a health education problem. It is encouraging to note the significant increase in the number of teachers now actively involved in a health education programme.

The combined resources of visual and aural health education aids of the health and education departments are available to schools. Among these resources on free loan are films, film loops, filmstrips, slides, tapes, posters, books and other publications. Large numbers of pamphlets are also provided free of charge.

3. *Information*
Extracts from sources of relevant information are periodically made and copies are deposited in the respective teachers' centres or, when asked for, sent on loan to schools. Specimen copies of publications are provided whenever possible.

4. *In-Service Training*
During the current session one weekend residential course has been held together with six afternoon courses (there will be more in the summer term), and at present we are in the middle of a series of twelve after-school sessions.

General
Visits to schools, and the seminars which have been arranged for teachers, have greatly increased awareness of the need for health education. Courses in parentcraft, discussions with young people on sexual relationships, on the danger of smoking, drugs, and sexually transmitted diseases, have increased. A number of health visitors are usually involved in these team-teaching activities.

Fifth form study days have been arranged at Chipping Norton and at Wood Green Schools. Useful discussions have followed the meetings. Lessons on 'Growing Up' and 'Menstruation' have been given in six primary schools.

Parents Evenings were run in two comprehensive schools, and one primary school; they were of value in that this provided an opportunity to inform parents of the content of relationship classes.

Health Education Appreciation for Teachers: To help teachers to appreciate the need for health education, a weekend course was held at Thamesfield in September. There were useful discussions with teachers at Banbury, Bicester, Peers, and Wheatley Park Schools, on the implementation of a health education programme. A series of talks by Health Education Council lecturers was organised at Kidlington, Witney, and Wheatley. Health visitors and teachers attended, and found the talks helpful."

SPEECH THERAPY

The speech therapy department functioned at full establishment until the therapist working in the Berinsfield and Chinnor areas left in December.

Speech therapy is carried out in clinics and health centres wherever possible, and sessions are now held at the recently opened health centre in Carterton and will be held at the Thame Health Centre from January 1973. Plans to establish a special unit for primary school children with severe language disorders in Banbury, have so far failed to materialise.

As people in the medical and educational world, and indeed the general population, are becoming more and more aware of speech defects in young children, and of the work of speech therapists, the department is receiving an ever-increasing number of referrals. It is not possible to give regular treatment to all who would benefit from it, but we are at least able to give reassurance and advice and to refer to other disciplines where necessary.

The report of the Department of Education and Science on the enquiry into speech therapy services (the Quirk report) was published in November. It recommended many important changes in the role of the speech therapist and the structure of the profession. These recommendations are at present under discussion but there will undoubtedly be many changes within speech therapy in the next few years, in addition to the general health service reorganisation.

Statistics

New cases	470
Discharges :	370
Total number of children seen :	1114
Schools visited :	173

FAMILY AND CHILD GUIDANCE CLINIC

Dr. R. Shackleton, the Medical Director of the Child Guidance Service, reports as follows :

"There have been considerable changes in the clinic in the past year and quite a number of new staff have joined us so that we now feel able to give a reasonable service in relation to the number of cases referred. We are also working out new ways of dealing with problems presented to us and group methods are being used more.

We expect to open a hostel for maladjusted boys in the Littlemore area in April 1973 and it seems possible that a day class for maladjusted children may be set up in the Witney area during 1973. We feel there is a great need for more classes of this kind in the County and will continue to press for their establishment. We also feel there is a great need for a hostel for maladjusted girls as there is a great national shortage at present of residential establishments for maladjusted girls.

We continûe to place great importance in all areas on working in close liaison with schools and other agencies, particularly the Social Services Department.

Miss Anthony and Miss Kempton organised the 1972 holiday for 20 boys at Yenworthy, and five children were sent to Colony Holidays. Both these ventures seem to have been very successful."

Clinics are held at :

1)	*Oxford*		
	10 Worcester Street	Mondays, all day.	Dr. Shackleton
		Friday 1 morning each month	Dr. Shackleton
		*3 afternoons each month	Dr. Shackleton
		*Two of these afternoons each month are usually spent at Yarnton Reception Home.	
2)	*Banbury*		
	Woodgreen House	Tuesdays, p.m. only	Dr. Davidson
	Broughton Road	Thursdays, all day	Dr. Shackleton
		Fridays, a.m. only	Dr. Davidson
3)	*Bicester*		
	Health Clinic	Alternate Tuesdays, all day	Dr. Shackleton
	Old Place Yard	The third Friday each month	Dr. Shackleton
4)	*Carterton*		
	Health Centre	Alternate Wednesdays, a.m. only (from January 1973)	Dr. Heatley
5)	*Chipping Norton*		
	The Chestnuts (next to War Memorial Hospital	Alternate Fridays, a.m. only	Dr. Shackleton
6)	*Henley*		
	Health Clinic	Alterative Tuesdays, all day	Dr. Shackleton
	York Road		

7)	*Kidlington*		
	Health Centre Oxford Road	Tuesdays, a.m. only	Dr. Heatley
8)	*Thame*		
	Victoria Hospital	Alternate Thursdays, a.m. only	Dr. Heatley
9)	*Witney*		
	Nuffield Health Centre Welch Way	Wednesdays, p.m. only	Dr. Heatley

Sources of New Referrals :

From :	General Practitioners	76
	Educational Psychologists	48
	Schools	45
	Parents	23
	Social Services Department	16
	Health Department	14
	School Social Workers and School Counsellors	32
	Bicester Progress Unit	2
	Others	24
Total number of new referrals during 1972 (not including children seen at Yarnton Reception Home)		280

Age Groups of New Referrals :

Under 5 years of age	32
Aged 5 to 7 years	51
Aged 8 to 11 years	105
Aged 12 to 15 years	87
Aged 16 and over	5
	280

Number of children seen at Yarnton Reception Home	41
Number of Court Cases seen by Psychiatrists	23
Number of children placed in residential schools	8
Number of students given placements under supervision	6

SCHOOL PSYCHOLOGICAL SERVICE

Mr. D. J. Gibbons, Senior Educaional Psychologist, reports as follows :

"During the year under review there were two changes of staff in the service following the retirement of Mrs. Scott-Blair, who worked part-time in South Oxfordshire for many years, and the resignation for family reasons of Mrs. Epps, psychologist in the Witney/ Chipping Norton area for two years. Two new colleagues have been appointed to fill the vacancies: Mr. Ford, an experienced psychologist who came to us from the Lancashire School Psychological Service and is now responsible for the Banbury/Chipping Norton area; and Mr. Miller, who recently completed training and is in his first post as an educational psychologist. The County now has four full-time area psychologists, and it is hoped that a more efficient service to schools will result from this increase in personnel.

Reports from the area psychologists outline the problems they are finding in schools. These can be summarised as an increasing number of referrals by head teachers of children who present difficulties of varying degree and type; and an urgent need to provide facilities and personnel to help schools with children whose difficulties, educational, emotional and behavioural, are interfering with their normal development.

A large scale survey of children's behaviour, as judged by their teachers, was carried out by the psychologists during the early part of the year and the results submitted to the Director of Education. This survey revealed many interesting aspects of children's behaviour in schools and perhaps helps to emphasise the need for the provision of more specialist facilities.

The long needed hostel for senior boys is now nearing completion and should be in use by May 1973. There is growing evidence of the need for similar provision for senior girls.

The transfer of responsibility from the Health to the Education Committees for the former junior training centres appears to have been achieved without difficulty. This transfer has increased the responsibilities of area psychologists who, although informally involved prior to transfer, are now much more closely associated in an advisory capacity with the education of severely mentally handicapped children.

In anticipation of the "New Oxfordshire" and the role of the School Psychological Service in the amalgamation, unofficial and informal discussions have been held with the psychologists currently employed by the three authorities concerned. This has led to a better understanding of each others' duties and the facilities which will be available in 1974, which will help the service to continue smoothly in the new County.

The area psychologists have again been actively engaged in giving informal talks and formal lectures to various groups and organisations in the County on educational and psychological topics. There has also been involvement in the training of probationary teachers and student social workers.

Close liaison has been maintained with the Social Services Department through the work of the psychologist to Yarnton Reception Centre and with other cases of children in need of help from the School Psychological Service who are under the supervision of the Department.

We have also been involved with various other statutory and voluntary organisations dealing with children in the County.

Close liaison has been maintained between a large number of children being seen by our colleagues in the child guidance service and the schools involved, and the practice of attending case conferences with teachers and head teachers in the schools has been continued. This has been found a most useful and mutually informative practice."

Table 1 – Children referred by source and reason for referral

Referred by	Assessment & Advice	Behaviour Problems	Habit Disorders	Totals
Head Teachers	480	32	0	512
SMOs/GPs	53	2	1	56
Psychiatrists	64	13	1	78
Social Services Department	49	6	0	55
Parents	31	3	0	34
Others	25	0	0	25
Totals	702	56	2	760

Table 2 – Source of referral by sex and school

	Pre-school & Primary	Secondary	Totals
Boys	421	99	520
Girls	179	61	240
Totals	600	160	760

Table 3 – Referrals by I.Q. Groupings

I. Q. Range	Number
145+	2
131-144	9
116-130	37
106-115	55
95-105	128
85-94	131
70-84	180
55-69	56
-55	23
	621
Children informally assessed	139
Total	760
ESN (55-75 I.Q.)	120

ENURESIS (Bedwetting)

The demand for enuresis alarm apparatus was maintained throughout the year. The apparatus is supplied at the request of health visitors and doctors.

The long waiting list has been eliminated by the purchase of new alarms.

	1970	1971	1972
Children on treatment on 1st January	38	43	40
Children commencing treatment in year	115	99	149
Treatments ending successfully in year	72	76	95
Treatments ending unsuccessfully in year	38	26	31
Children still on treatment on 31st December	43	40	63
Total	153	142	189

PHYSIOTHERAPY

Miss C. Tudor Evans, the Senior County Physiotherapist, reports as follows :

"The transition of incorporating the physiotherapy service in schools into the physical education programme has taken place during the past year. The new organisation is now established. There are still some minor remedial cases being seen but the number of children recommended for a course of regular remedial treatment has been restricted to asthmatics and special cases. There has been good co-operation on the part of the parents. This system has created much more organisation of their work for the part-time physiotherapists as there are fewer of them and larger areas for them to travel and work in. Advisory talks have been given to the staff of many of the schools and to school nurses and health visitors asking for their help in encouraging good posture and footwork.

It has been possible to spend more time at the special schools. Frank Wise School, Springfield School, and Bradwell Grove have profited greatly from regular visits by the physiotherapists. John Watson School will also be visited regularly as soon as it can be arranged. Swimming is being taught in these schools and provides much beneficial exercise and enjoyment. Unfortunately it was such a cold summer that swimming was possible on only a few occasions, except for Springfield School who go to a covered pool. It could become a much more valuable part of the programme if the present inadequate facilities were improved upon. A great deal can be done to help this area of physical education and it is hoped there will be funds available.

There is every reason to believe that the new system is more effective and rewarding in that valuable time is divided so that there is more concentration of work in the areas most needing it".

Statistics

Postural defects :	65	mostly seen only
Defects of feet and knees :	319	once or twice
Asthma :	118	regular treatment
Special cases in schools :	8	
Special schools :	22	

SCHOOL SWIMMING BATHS

There are sixty schools with swimming baths, and a number of new baths are in the process of completion.

All but four of the pools are outdoor baths, and although the water in some of the outdoor pools is heated, swimming time is largely dictated by the weather. Unfortunately, for the second year running, the early part of the summer was unfavourable for swimming. However, a number of the baths are used during the summer holidays, and, weather permitting, also in September, when schools have recommenced.

Visits are made to the baths to advise upon problems arising on filtration and other processes, together with the hygienic control of the water. Twenty-six samples of bath waters were taken for bacteriological examination and only three were adversely reported upon. Altogether ninety visits were made to school baths, and at most of these visits the bath water was tested for chlorine content etc., by the colourimetric method that is used by school staff in their daily routine of testing and maintenance.

STATISTICS

Medical Inspection and Treatment for the year ending 31st December 1972

Number of pupils on registers of maintained primary, secondary and nursery schools in January 1973 :

(i)	Form 7 Schools	49365
(ii)	Form 7M	400
(iii)	Form II Schools	103
		49868

Part I – Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A – Periodic Medical Inspections .

Age Groups inspected (by year of Birth)	No. of pupils who have received a full medical examination	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and Infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later	4138	4031	107	594	31	294	327
1966	1123	1089	34	21	7	110	112
1965	297	282	15	4	2	41	42
1964	167	159	8	9	5	29	33
1963	176	172	4	4	—	12	33
1962	241	239	2	74	2	17	16
1961	964	927	37	674	13	60	71
1960	480	459	21	345	5	35	38
1959	45	43	2	5	3	3	5
1958	109	105	4	12	2	10	12
1957 and earlier	91	88	3	12	2	14	12
Total	7831	7594	237	1754	72	625	682

Column (3) total as a percentage of Column (2) total 96.97%
Column (4) total as a percentage of Column (2) total 3.03%

Table B – Other Inspections

Number of Special Inspections	413
Number of Re-inspections	1005
	1418

Table C – Infestation with vermin

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	6550
(b)	Total number of individual pupils found to be infested	130
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	8
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

Part II – Defects found by periodic and special Medical Inspections during the year

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
(1)	(2)		(3)	(4)	(5)	(6)	(7)
4	Skin	T	18	4	–	22	5
		O	31	–	1	32	2
5	Eyes – a. Vision	T	31	4	3	38	4
		O	8	–	6	14	–
	b. Squint	T	33	–	–	33	1
		O	22	–	2	24	1
	c. Other	T	8	–	–	8	1
		O	5	–	2	7	–
6	Ears – a. Hearing	T	49	4	–	53	13
		O	83	2	21	106	9
	b. Otitis Media	T	30	–	–	30	5
		O	29	–	–	29	–
	c. Other	T	8	1	–	9	–
		O	12	1	1	14	–
7	Nose and Throat	T	24	2	1	27	1
		O	79	2	12	93	1
8	Speech	T	29	1	–	30	5
		O	36	–	2	38	4

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
(1)	(2)		(3)	(4)	(5)	(6)	(7)
9	Lympathic Glands	T	5	–	–	5	–
		O	14	–	2	16	3
10	Heart	T	14	1	1	16	1
		O	75	2	10	87	8
11	Lungs	T	14	2	1	17	–
		O	31	2	7	40	2
12	Developmental –						
	a. Hernia	T	13	–	–	13	–
		O	19	–	2	21	1
	b. Other	T	14	1	–	15	12
		O	79	–	13	92	10
13	Orthopaedic –						
	a. Posture	T	14	3	1	18	1
		O	11	–	8	19	1
	b. Feet	T	107	–	1	108	14
		O	149	5	26	180	7
	c. Other	T	22	–	–	22	–
		O	27	1	5	33	1
14	Nervous System –						
	a; Epilepsy	T	3	–	–	3	–
		O	5	–	1	6	1
	b. Other	T	3	1	–	4	1
		O	10	2	3	15	3
15	Psychological –						
	a. Development	T	1	1	1	3	7
		O	26	1	8	35	11
	b. Stability	T	3	–	–	3	3
		O	27	2	10	39	8
16	Abdomen	T	11	1	–	12	1
		O	15	–	2	17	2
17	Other	T	48	6	3	57	9
		O	67	4	17	88	4

T = Treatment
O = Observation

Part III – Treatment of pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A – Eye Diseases, Defective Vision and Squint	*Number of cases known to have been dealt with*
External and other, excluding errors of refraction and squint	60
Errors of refraction (including squint)	875
Total	935
Number of pupils for whom spectacles were prescribed	188

Table B – Diseases and Defects of Ear, Nose and Throat

Received operative treatment :	
(a) for disease of the ear	Figures are not available
(b) for adenoids and chronic tonsilitis	
(c) for other nose and throat conditions	
Received other forms of treatment	

Total number of pupils still on the register of schools at 31st December 1972 known to have been provided with hearing aids :

(a) during the calendar year 1972	22
(b) in previous years	94

Table C – Orthopaedic and Postural Defects	*Number of pupils known have been treated*
Pupils treated at school for postural defects	65

Table D – Diseases of the Skin

Ringworm	(a) Scalp	–
	(b) Body	2
Scabies		7
Impetigo		9
Other skin diseases		10
	Total	28

Table E – Child Guidance Treatment

Pupils treated at Child Guidance clinics	760

Table F – Speech Therapy

Pupils treated by speech therapists	1114

Table G – Other Treatment given

(a) Pupils with minor ailments	–
(b) Pupils who received convalescent treatment under school Health Service arrangements	–
(c) Pupils who received B.C.G. vaccination	2847
(d) Other than (a), (b), and (c) above	–
Total (a)-(d)	2847

Handicapped pupils in special schools

Category	In special schools	Awaiting vacancies	Home tuition and tuition in hospitals	In hospital schools	Total	Dis-charged	New cases ascertained in 1972
a) Blind	3	1	–	–	4	4	–
b) Partially sighted	10	1	–	–	11	–	1
c) Deaf	7	–	–	–	7	–	1
d) Partially hearing	Residential 15 Day PD Unit 20	2	–	–	37	6	3
e) Educationally sub-normal	Woodeaton Manor 79 Out County 34 *Day special 170 Special classes 444	5 3 18 –	8	170	931	28	36
f) Epileptic	10	–	–	–	10	–	6
g) Maladjusted	Hostels 24 Schools 26 Day special 3	– 10 –	– 1 –	7	71	6	35
h) Physically handicapped	Day 17 Boarding 24	1 7	4 –	32	85	6	15
i) Speech	2	1	–	–	3	–	2
j) Delicate	Boarding 4 Day 4	1 –	–	8	17	1	5
k) Autistic	Boarding 2	–	28	–	30	–	1

*includes severely subnormal

Tuberculosis in school children

Four cases of respiratory tuberculosis were notified amongst school children. Later, two of these were denotified, a brother and sister aged 13 and 14 years. They were contacts of their mother who had pulmonary tuberculosis, and they had strongly positive skin tests, thought to be due to infection. Later it was found that they had had B.C.G. vaccination ten years previously.

The other two were girls aged 6 years. Both were found to have positive skin tests when checked as contacts, and were given prophylactic chemotherapy.

B.C.G. Vaccination

In the school year consent for Heaf testing and vaccination was returned for 3666 children, which represents an acceptance rate of 84.3 per cent. 204 children were Heaf positive grade 2/3/4, a rate of 6 per cent. The number vaccinated was 2847. Details are shown under the immunisation section.

Medical Examination of Teachers

Since 1st April 1952 all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1972, 64 teachers and 241 entrants to training colleges were examined.

Medical Examination of Children in Part-time Employment

Seventy-seven children who were in part-time employment were certified as medically fit by school medical officers.